

# IRA Certificate of Deposit (CD) Application Form

**Form Instructions:**

1 — Complete all applicable fields

2 — Print completed form

3 — Sign and date the Signature section

4 — Delta Community Credit Union

ATTN: IRA Department

1025 Virginia Avenue, Atlanta, GA 30354

or fax to 404-677-4964

**IRA Type****Select one:**

Traditional

Roth

SEP

**Primary Member Information**

Name (First, Mi, Last)

Account Number

Social Security Number

Date of Birth (MM/DD/YYYY)

Email

Phone

**Certificate Information**

Select one:

12-Month Term

24-Month Term

36-Month Term

60-Month Term

Automatically renew for same term at maturity

Transfer funds to Savings-based IRA Account ID# \_\_\_\_\_

**Opening Deposit Instructions**

Opening Deposit: \$ \_\_\_\_\_

(\$1,000 minimum)

Transfer funds from IRA Savings

Account ID# \_\_\_\_\_

**Dividend Payment Options**

Select one:

Compound monthly

Transfer to Savings-based IRA

Account ID# \_\_\_\_\_

IRA Certificate of Deposits are subject to the Individual Retirement Account Application/Agreement or Roth Individual Retirement Account Application/Agreement, as applicable, including any prior beneficiary designations, and any future amendments hereto.

By signing this Application, you agree to the terms and conditions of the Certificate of Deposit, the Certificate of Deposit Disclosure Supplement, and the Member/Savings Services Disclosures and Agreements.

Primary Member Signature

Date

**NCUA**

This credit union is federally  
insured by the National Credit  
Union Administration.