

# IRA CONTRIBUTION



Traditional     Roth     SEP     SIMPLE

P.O. Box 10425  
Fairfield, NJ 07004  
Toll Free: 1.855.PSFCU.4U or 1.855.773.2848  
International: 1.973.808.3244

## 1. IRA Owner Information

Name	_____	- - - - - Social Security Number	- - - - - Daytime Phone Number	ext. _____
Address	_____			
	City/State/Zip _____			

## 2. Deposit Information

Account Number	_____	\$ _____ Amount of Deposit	Type of Deposit: 1. <input type="checkbox"/> Regular IRA contribution for <b>Tax Year</b> _____
			2. <input type="checkbox"/> Direct Rollover from an <b>Employer Plan</b>
			3. <input type="checkbox"/> Transfer from same type <b>IRA</b>
			4. <input type="checkbox"/> 60 day Rollover from IRA (Complete Rollover Election Form)
			5. <input type="checkbox"/> 60 day Rollover from Employer Plan (Complete Rollover Election)
Additional Information:	6. <input type="checkbox"/> Recharacterization (Complete Recharacterization Form)		
_____	7. <input type="checkbox"/> Conversion (Complete Conversion Form)		

## 3. Signatures

I certify that, to the best of my knowledge, the information provided on this form is true and correct and may be relied on by the Trustee/Custodian. I agree to seek the advice of a legal or tax professional, as needed. The Trustee/Custodian has not provided me with any legal or tax advice, and I assume full responsibility for this transaction. I will not hold the Trustee/Custodian liable for any adverse consequences that may result from this transaction.



Signature of IRA Owner \_\_\_\_\_ Date \_\_\_\_\_ Signature of Trustee/Custodian \_\_\_\_\_ Date \_\_\_\_\_

### Instructions:

1. Print the form and complete all requested information
2. Sign and date the form
3. Include a check for the amount of your contribution.
4. Mail to:

**Polish & Slavic FCU- IRA Department**  
**P.O. Box 10425**  
**Fairfield, NJ 07004**