



ROTH IRA - APPLICATION AND REVOCABLE DESIGNATION OF BENEFICIARY(IES)

IRA owner's name (member): address: Country:	member account no: daytime phone no: social security no: XXX-XX- date of birth:
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- Convert my Traditional IRA at the Credit Union into a Roth IRA.
 Total amount Partial amount converted \$ _____
- Open a Roth IRA with current year contribution.
- Open a Roth IRA with Prior Year contribution.
- Open a Roth IRA with a transfer or rollover of a Roth at another institution.

Please indicate if you have a spouse Yes No

PRIMARY BENEFICIARY(IES)

If you name more than one primary beneficiary, use the % column to indicate the percentage each is to receive. The total must equal 100%.

%	print name	address, city, state, zip code	relationship	birthdate

SECONDARY BENEFICIARY(IES)

If you name more than one secondary beneficiary, use the % column to indicate the percentage each is to receive. The total must equal 100%.

%	print name	address, city, state, zip code	relationship	birthdate

See IRA Custodial Agreement for further information.

=====CONSENT OF SPOUSE=====

I consent to the designation of beneficiary (ies) on this form. I also waive all of my rights to this IRA under community property laws, except to the extent of my interest under the designation of beneficiary (ies) on this form. I understand that I may not revoke this consent in the future. However, this waiver of my rights will terminate if my spouse (OWNER) amends this designation of beneficiary(ies) without my consent during my lifetime.

signature of owner's spouse _____
date

If your spouse is not named as a primary beneficiary with at least 50% allocation of IRA funds, then have spouse sign CONSENT OF SPOUSE.

=====IRA OWNER'S SIGNATURE=====

As the undersigned IRA owner, I hereby request Alliant Credit Union to establish a Roth Individual Retirement Account under Internal Revenue Code Section 408A, for my benefit, and to act as the Custodian of this account. I acknowledge receipt of the Credit Union Disclosure Statement which includes a financial projection table. I also acknowledge receipt and accept the terms and conditions of the Credit Union IRA Custodial Agreement.

IRA owner's signature (member) _____
date

If you do not receive acceptance copy within 30 days, please contact our IRA Department at our Chicago Headquarters by mail or by phone.

ACCEPTANCE OF CUSTODIAN The Credit Union hereby acknowledges receipt of this application and does hereby establish a Roth Individual Retirement Account for the above IRA owner under the terms and conditions of the Credit Union Roth IRA Custodial Agreement. _____ credit union representative's authorized signature _____ date

RETURN COMPLETED FORM TO ALLIANT CREDIT UNION. FAX 773-462-8735