secu
different direction

IRA Payroll Deduction Change Request

IRA Holder's Address: _____

City/State: _____

Zip Code: _____

IRA Holder's Member Number: _____

IRA Holder's Social Security Number: _____

IRA Holder's Date of Birth: _____

IRA Holder's Agency Code: _____

Type of IRA the payroll deduction is going to: _____

IRA Share Number: _____

Amount Requested: _____

I certify that I am eligible to contribute to the type of IRA I have indicated above. For member's contributing to Traditional IRA's: 1) I certify that I will not attain the age of 70 1/2 this year. 2) I further understand that it is my responsibility to notify SECU if I am no longer eligible to contribute to the type of IRA I elect.

Print Name: _____ Phone No.: _____

IRA Holder's Signature: _____ Date: _____

Please mail this completed form to the Operations, PO Box 13025, Baltimore, MD 21203-0325.

Office Use Only:

Date Received _____ ☐ Processed ☐ Denied ☐ Incomplete

Comments: _____

Servicing Representative _____

PO Box 13025 • Baltimore, Maryland 21203-3025
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