

IRA Contribution Instructions

for Traditional, Roth, and SIMPLE IRAs

OTERO FEDERAL CREDIT UNION
 P.O. Drawer 2800
 Alamogordo, NM 88311-2800

1 IRA OWNER INFORMATION

Name IRA Account (Plan) Number

Address, City, State, and ZIP

Social Security Number Date of Birth Daytime Phone Number

2 TRADITIONAL IRA CONTRIBUTION (See Additional Information included with this form.)

A. General Contribution Information

Investment Number
 Amount \$
 Contribution Date
 Tax Year

B. Contribution Type (Select one)

Regular (including Catch-Up)
 Rollover
 Transfer
 Recharacterization

Simplified Employee Pension (SEP) Plan
 Rollover/Direct Rollover from an Eligible Retirement Plan
 Qualified Reservist/Designated Disaster Distribution Repayment*
 Disaster/Combat Zone Postponed Contribution*
 * Reason Code (if applicable)

3 ROTH IRA CONTRIBUTION (See Additional Information included with this form.)

A. General Contribution Information

Investment Number
 Amount \$
 Contribution Date
 Tax Year
 Tax Year of First Roth Contribution/Conversion.....

B. Contribution Type (Select one)

Regular (including Catch-Up)
 Rollover
 Transfer
 Recharacterization
 Conversion

Rollover/Direct Rollover from an Eligible Retirement Plan
 Rollover/Direct Rollover from a Designated Roth Account
 Qualified Reservist/Designated Disaster Distribution Repayment*
 Disaster/Combat Zone Postponed Contribution*
 * Reason Code (if applicable)

4 SIMPLE IRA CONTRIBUTION (See Additional Information included with this form.)

A. General Contribution Information

Investment Number
 Amount \$
 Contribution Date
 Tax Year
 Initial Contribution Date.....

B. Contribution Type (Select one)

Employer Contribution
 Rollover from a SIMPLE IRA
 Transfer from a SIMPLE IRA
 Recharacterization

5 EMPLOYER INFORMATION (For SEP or SIMPLE contributions.)

Name

Address, City, State, and ZIP

Taxpayer Identification Number Daytime Phone Number

6 SIGNATURES

I certify that I am the IRA owner, employer, or individual legally authorized to complete this form. I certify the accuracy of the information set forth in this form, and I authorize this transaction. I certify that this contribution is eligible for deposit, and I assume full responsibility for determining my eligibility and for ensuring the eligibility of the contribution. My designation of the tax year for the contribution, and any election to treat a contribution as a rollover or recharacterization, is irrevocable. I indemnify and agree to hold the custodian/trustee harmless from any resulting liabilities. I acknowledge that the custodian/trustee cannot provide, and as not provided, me with tax or legal advice. I have been advised to seek the guidance of a tax or legal professional.

Signature of IRA Owner/Employer Date Signature of Custodian/Trustee Date