

**PART 1. ROTH IRA OWNER**

Name (First/M/Last) \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Member Number \_\_\_\_\_ Share ID \_\_\_\_\_

**PART 2. ROTH IRA TRUSTEE OR CUSTODIAN**

SchoolsFirst Federal Credit Union  
 Attn: IRA Services  
 P.O. Box 11547  
 Santa Ana, CA 92711-1547  
 Phone: 800.462.8328  
 Fax: 714.258.4185

**Overnight Address:**  
 SchoolsFirst FCU  
 Attn: IRA Services  
 1200 Edinger Ave.  
 Tustin, CA 92780

**PART 3. CONTRIBUTION INFORMATION**

Contribution Amount \$ \_\_\_\_\_  
 Contribution Date \_\_\_\_\_  
 Contribution for Tax Year \_\_\_\_\_

**RULES AND CONDITIONS APPLICABLE TO ROTH IRA CONTRIBUTIONS**

Roth IRA contribution rules are often complex. The general rules are listed below. If you have any questions regarding a contribution, please consult with a competent tax professional or refer to IRS Publication 590-A, *Contributions to Individual Retirement Arrangements (IRAs)*, for more information. This publication is available on the IRS website at [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM.

**REGULAR CONTRIBUTION**

The total amount you may contribute to a Roth IRA for any tax year cannot exceed the lesser of the published annual limit or 100 percent of your earned income and other eligible compensation. Your contribution may be further limited if your income exceeds certain limits. If you also maintain a Traditional IRA, the maximum contribution to your Roth IRA is reduced by any contributions you make to your Traditional IRA.

- You may make a contribution for the prior year up until your tax filing deadline for that year, **not including extensions**. Designating a contribution for the prior year is irrevocable.
- If you are age 50 or older by the end of the year, you may be eligible to make an additional catch-up contribution to a Roth IRA for that tax year.

**PART 4. DEPOSIT INFORMATION** (Complete this section as applicable)

Share Term	Amount
_____	_____
_____	_____
_____	_____

**DEPOSIT METHOD**

Cash or Check  
 Internal Account  
 Member Number \_\_\_\_\_ Share ID \_\_\_\_\_

**PART 5. SIGNATURES**

I certify that all of the information provided by me is accurate and may be relied upon by the trustee or custodian. I certify that the contribution described above is eligible to be contributed to the Roth IRA and I authorize the deposit to be invested in the manner described above.

**X** \_\_\_\_\_  
 Signature of Roth IRA Owner Date (mm/dd/yyyy)

Witnessed and accepted by SchoolsFirst FCU as agent for custodian by:  
**X** \_\_\_\_\_  
 Signature of SchoolsFirst Representative Date (mm/dd/yyyy)

\_\_\_\_\_  
 Name of SchoolsFirst Representative Representative User ID