



ROTH IRA TRUST APPLICATION PACKET (FORM 2400R-T)

Please Print or Type

2 9 2 8 3 CUID (Credit Union will Complete)

IRA Owner's Social Security Number

IRA Owner's Birth Date (MM/DD/YYYY) - (required for processing)

Account Number

IRA's Owner's Name (First, Initial, Last)

Street Address Apt#

Mailing Address if Different from Street Address

City, State, ZIP

IRA Investment Chosen

INTERNAL TRADITIONAL-TO-ROTH IRA CONVERSIONS

- CHECK HERE ONLY IF BOTH OF THE FOLLOWING APPLY (DO NOT complete any other forms for this transaction): 1. This Roth IRA is being funded by a direct transfer of the entire amount of a traditional IRA at this credit union that will no longer receive contributions. AND 2. I DO NOT WANT 10% federal income taxes withheld from my traditional IRA distribution. Please provide: Amount converted to Roth IRA \$ Suffix of Traditional IRA

If the above DOES NOT apply, leave this section blank. Then, to document the conversion, complete a "Rollover and Transfer Contributions" form for the Roth IRA and, if applicable, a "Withdrawal Instruction" form for the traditional IRA.

WITHHOLDING NOTICE: Payments from your IRA are subject to federal income tax withholding, unless you elect no withholding. You may change your withholding election anytime prior to your receipt of a payment. Your withholding election does not affect the amount of income tax you pay. You may incur penalties under the estimated tax rules if your withholding and estimated tax payment are insufficient. Withholding from IRA payments, when combined with other withholding, MAY relieve you from payment of estimated income taxes. Note that amounts withheld will reduce the amount of the conversion contribution and may be subject to penalties.

PRIMARY BENEFICIARY(IES)

Table with 5 columns: %, Name & Social Security Number, Mailing Address (include ZIP code), Relationship, Birth Date. Includes a note: % column MUST total 100% (see reverse side for complete instructions)

SECONDARY BENEFICIARY(IES)

Table with 5 columns: %, Name & Social Security Number, Mailing Address (include ZIP code), Relationship, Birth Date. Includes a note: % column MUST total 100% (see reverse side for complete instructions)

CONSENT OF SPOUSE

I consent to the designation of beneficiary on this form, and I agree to convert this IRA into the separate property of my spouse to be distributed as shown on this form following my spouse's death. I understand that by signing this consent, I am giving up both my current community/marital property rights in this IRA and my community/marital property rights in any future contributions to this IRA. I further understand that I may not revoke this consent in the future. However, this consent will be automatically revoked if my spouse amends this designation of beneficiary during my lifetime.

X Signature of IRA Owner's Spouse Date (MM/DD/YYYY)

IRA OWNER'S SIGNATURE

I am establishing a Roth IRA under Internal Revenue Code section 408A to provide for my retirement and for the support of my beneficiaries after my death. I acknowledge receipt of the "Credit Union Roth IRA Disclosure Statement," which includes a financial projection table. I also accept the terms and conditions of the "Credit Union Roth IRA Trust Agreement."

X IRA Owner's Signature Date (MM/DD/YYYY)

ACCEPTANCE OF TRUSTEE (for credit union use only):

The credit union hereby establishes a Roth IRA for the above IRA owner under the terms of the "Credit Union Roth IRA Trust Agreement."

Baptist Hospital Credit Union

Credit Union Name

2010 Church Street Suite 204 Nashville, TN 37203

Credit Union Mailing Address (include street address, city, state and ZIP code)

X Authorized Credit Union Signature

Date (MM/DD/YYYY)

WHITE-ADMINISTRATOR COPY

CANARY-CREDIT UNION COPY

PINK-OWNER COPY