

Please Print or Type
2 9 2 8 3
 CUID (Credit Union will Complete)

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

 IRA Owner's Social Security Number

 _____ Apt. #
 Street Address

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

 Mailing Address if Different From Street Address

 Account Number

 City, State, ZIP

I instruct the credit union to invest this IRA in the following investment: _____

PRIMARY BENEFICIARY(IES)

%	Name and Social Security #	Mailing Address (include ZIP code)	Relationship	Birth Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

% Column MUST total 100% (see reverse side for complete instructions)

SECONDARY BENEFICIARY(IES)

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

% 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 acknowledge receipt of the "Credit Union Traditional IRA Disclosure Statement," which includes a financial projection table. I also accept the terms and conditions of the "Credit Union Traditional 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 traditional IRA for the above IRA owner under the terms of the "Credit Union Traditional IRA Trust Agreement."

Baptist Hospital Credit Union	X	_____
Credit Union Name		Authorized Credit Union Signature
2010 Church Street Suite 204 Nashville, TN 37203		_____
Credit Union Mailing Address (include street address, city, state and ZIP code)		Date (MM/DD/YYYY)