

Trust Advantage IRA Authorization or Modification(s)

Must select one: Start Modify existing Stop

Contributions to all Traditional and Roth IRA accounts cannot exceed the Internal Revenue Service Code Limit. The information provided on this form will be provided to your payroll coordinator.

1. Participant Information

Social Security No. _____ (Required to process this form) School District _____

WEAC ID No. (if applicable) _____

Name _____ Phone (_____) _____
Last First Middle

- ▶ If you are **opening a new IRA account**, please complete and submit this form with the appropriate IRA account application to WEA Member Benefits.

Trust Advantage requires a \$20 monthly minimum contribution.

2. Traditional IRA Account Information

- I want to begin or change contributions to my Traditional IRA Account via payroll deduction.

Per paycheck deduction for Traditional IRA Account of \$ _____

- I want to stop contributions to my Traditional IRA Account.

3. Roth IRA Account Information

- I want to begin or change contributions to my Roth IRA Account via payroll deduction.

Per paycheck deduction for Roth IRA Account of \$ _____

- I want to stop contributions to my Roth IRA Account.

4. Signature and Date

Participant's Signature _____ Date _____

(Please be sure to select the appropriate type of IRA.)