

WEA Member Benefits IRA Contribution

Thank you for choosing the WEA Member Benefits IRA. Please fill out the form below and send it along with your check.

To verify that you are eligible to contribute to an IRA, refer to the eligibility requirements below. If you have any questions about your eligibility, please contact one of our consultants at 1-800-279-4030 or ask your tax advisor.

1. IRA Eligibility Requirements and Contribution Limits

IRS Criteria—Traditional IRA 2021	IRS Criteria—Roth IRA 2021
<ul style="list-style-type: none"> Must have earned income or file a joint tax return with a spouse who has earned income. 	<ul style="list-style-type: none"> Must have earned income or file a joint tax return with a spouse who has earned income, and Adjusted gross income cannot exceed \$125,000 for a single person for a full contribution, or* Adjusted gross income cannot exceed \$198,000 for a married couple filing a joint tax return for a full contribution. *
*The amount you can contribute is reduced gradually and then eliminated when your adjusted gross income exceeds \$140,000 (single) or \$208,000 (married filing jointly).	

IRA CONTRIBUTION LIMITS		
Year	Under Age 50	Age 50 or Older
2020	\$6,000	\$7,000
2021	\$6,000	\$7,000

Send this form with your check made payable to:

WEA Member Benefits

Mailing address:

Newport Trust Company
P.O. Box 22214
New York, NY 10087-2214

2. Contribution Information

Social Security No. _____

Daytime Phone (_____) _____

Name _____

Evening Phone (_____) _____

E-Mail Address _____

Select contribution method: Contributions to all Traditional, Roth, and SEP IRA accounts cannot exceed the annual Internal Revenue Code limit.

OPTION 1: Contribution by check (make checks payable to: WEA Member Benefits. **Please write the applicable tax year and account type on your check. Please submit one check for each contribution.**)

OPTION 2: Contribution by ACH pull (One time contribution will be pulled within 5 business days of the receipt of this form.)

Name of Account – (Account Type)	Tax Year*	Contribution Amount
Traditional IRA Account – (n9910a)		\$
Roth IRA Account – (n9910b)		\$
SEP IRA Account – (n9910c)		\$
Total Amount (minimum \$20.00)		\$

*If you do not indicate tax year on form, your contribution will be credited to the year in which your contribution was received.

3. Your Account Information (For one-time ACH pull only.)

Important: Attach a voided check or letter from your financial institution to verify account and routing numbers.

Account Type (must select one): Savings Checking Financial Institution Name. _____

Routing No.

Account No. (Do not include any dashes, slashes, or spaces.)

Please provide the following information about your financial institution and account from which the one-time contribution will be withdrawn. If you do not know the routing number and/or account number, please ask your financial institution to assist you.

4. Investment Allocation

We will use your existing allocation information on file. If you wish to have a contribution credited using different allocations, you must first change your allocations on file. You can do this by accessing your account at weabenefits.com/your money or by calling us at 1-800-279-4030.

Envelopes must be postmarked no later than April 15 to qualify for the previous calendar year's contribution. If April 15 falls on a weekend or holiday, then envelopes must be postmarked by the following business day. If you have questions, please call us toll-free at 1-800-279-4030.

If you are currently participating in *Trust Advantage*[™] or *SmartPlan*, use this form for additional contributions up to your allowable limit.

5. Signature and Date (Sign exactly as your account is registered.)

I authorize Newport Trust Company on behalf of Member Benefits to withdraw from the financial institution as indicated above a onetime IRA contribution. The financial institution is authorized to debit the amounts to my account through the ACH network. I indemnify and hold harmless my financial institution, Newport Trust Company, and Member Benefits for any loss, liability, or expense incurred from acting on these instructions. I understand that Member Benefits may assess a \$15 insufficient funds fee for any debit not honored by my financial institution.

Participant's Signature _____ Date _____