

IRA CONTRIBUTION RECHARACTERIZATION

member's name _____ contact phone number _____ member account number (10-digit) _____
street address _____ city _____
state/province _____ zip/postal code _____ country _____

IRA Contribution To Be Recharacterized**Check one:**

- This was a regular contribution for _____ year.
- This was an IRA Conversion Contribution. The funds left the Traditional IRA in _____ year.
- This was a rollover or direct rollover from a qualified retirement plan (QRP). The funds left the QRP in _____ year. A QRP is a plan that is operated under Internal Revenue Code 401 or 403(b).

Amount of contribution to be recharacterized \$ _____ contribution date (mm/dd/yyyy) _____
Income attributable to the contribution (+) _____
Amount to be transferred (=) _____

Distributing IRA**The funds are being distributed from (check one):**

- Traditional IRA Roth IRA

Receiving IRA**The funds are being transferred to (check one):**

- Traditional IRA Roth IRA

IRA Owner's Signature

I hereby instruct the distributing IRA fiduciary to direct transfer the "amount to be transferred" noted above. I have elected to treat the contribution described above as a contribution to the receiving IRA.

X

member's signature (required) _____

date _____

X

credit union representative's authorized signature _____

date _____

Return completed form to Alliant Credit Union. FAX: (773) 462-8735