



Please Print or Type

CUID (Credit Union will Complete)

Credit Union Name

Social Security Number

IRA Suffix

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

Account Number

AMOUNT ALREADY DISBURSED

(IMPORTANT: This form will not be processed unless all fields in this section are completed.)

A. Amount already disbursed to the IRA owner in the year of the change:

\$ Amount \$ Federal Withholding \$ State Withholding State

B. Enter the Month and Year of the next payment that will be affected by this change. (MM/YYYY)

CHANGE PAYMENT OPTIONS

(Check all that apply)

- 1. STOP PAYMENTS. (Valid only for payments before age 70½.)
2. CHANGE PAYMENT FREQUENCY TO (check one box)
3. CHANGE PAYMENT METHOD TO (check one box)
4. CHANGE FEDERAL WITHHOLDING TO (check one box)
5. CHANGE STATE WITHHOLDING TO (check one box)
6. CHANGE PAYMENT ELECTION TO (check only one)

IRA OWNER'S SIGNATURE/DATE

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

PLEASE KEEP A COPY FOR YOUR RECORDS