



INDIVIDUAL RETIREMENT ACCOUNT (IRA)

Enclosed is my check for \$ _____ made payable to 5Star Bank. (\$1,000 min., Fixed Rate and \$250 min., Variable Rate).

1) WHAT TYPE OF IRA ARE YOU OPENING?

- Traditional IRA
- Roth IRA
- Spousal IRA

2) ACCOUNT HOLDER INFORMATION

First Name	MI	Last Name	Social Security Number (Required)	
Street Address (PO Box not permitted)		City	State	Zip Code
Mailing Address (If different from above)		City	State	Zip Code
_____/_____/_____	(____)	_____		_____
DOB (mm/dd/yyyy)	Daytime Telephone		Evening Telephone	
Driver's License Number		State of Issuance	Expiration Date	
Employer Name/Employer Address				
Next of Kin First Name	MI	Last Name	Phone Number	
Next of Kin Address		City	State	Zip Code

3) TYPE OF CONTRIBUTION (CHECK ALL THAT APPLY)

- CONTRIBUTION** – This contribution applies to the tax year _____.
Contributions will be considered CURRENT year if not designated. Prior year contributions must be made by April 15.
- ROLLOVER** – This contribution is a ROLLOVER from either a qualified retirement plan or another IRA which has been completed within 60 days of receipt of the funds.
- TRANSFER/DIRECT ROLLOVER** – This contribution is a TRANSFER from an existing IRA or a Direct Rollover from a qualified retirement plan.

4) ACCOUNT TYPE AND TERM

- Fixed Rate CD: 1 Year 18 Month 2 Year 30 Month
- 3 Year 4 Year 5Year
- Variable Rate CD: 24 Months 36 Months 60 Months

6) ONLINE BANKING.....(To register, please visit our website at 5staronlinebanking.com)

Email Address



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7) BENEFICIARY DESIGNATION

Check here if you have attached a separate sheet with beneficiary information; sign and date said sheet.

<input type="checkbox"/> Primary Beneficiary	<input type="checkbox"/> Contingent Beneficiary
Name _____	Date of Birth _____
Address _____	City _____ State _____ Zip Code _____
Social Security Number _____	Relationship _____ % of Distribution _____
<input type="checkbox"/> Primary Beneficiary	<input type="checkbox"/> Contingent Beneficiary
Name _____	Date of Birth _____
Address _____	City _____ State _____ Zip Code _____
Social Security Number _____	Relationship _____ % of Distribution _____
<input type="checkbox"/> Primary Beneficiary	<input type="checkbox"/> Contingent Beneficiary
Name _____	Date of Birth _____
Address _____	City _____ State _____ Zip Code _____
Social Security Number _____	Relationship _____ % of Distribution _____

SIGNATURES – By signing this application, I hereby authorize 5Star to open my account. **Important:** Please include a copy of a government issued photo ID (Example- Driver’s license, Military ID, Passport) and a copy of a utility or telephone bill, which shows your name and current address. Mail Application to: 5Star Bank, PO Box 14108, Colorado Springs, CO 80914.

X _____
Applicant’s Signature Date

The applicable law concerning IRAs is complex, subject to change and includes penalties for non-compliance. Consult with bank representatives or your tax advisor for changes.

BANK USE ONLY

New IRA Account Number _____	Deposit Amount _____
Processed By _____	Date _____
Comments: _____ _____ _____	