

## Individual Retirement Account Application

Thank you for choosing Community Bank for your Individual Retirement Account. Please fill out the form and return it to a Personal Banker at any of our locations.

### ACCOUNT HOLDER INFORMATION

Full Name ( First, Middle, Last)		
Social Security Number		
Street Address ( No P.O. Boxes)		
City	State	Zip
Home Phone	Cell Phone	
Email Address		
Mailing Address (if different from above)		
Driver's License Number		Date of Birth
Issue Date	State Issued	Expiration Date
Employer	Occupation	

### IRA INFORMATION

IRA Type	Traditional IRA	Roth IRA	SEP	Education	Inherited
Contribution Type	New Contribution	Transfer	Rollover		
Contribution Year			Contribution Amount		

### ACCOUNT BENEFICIARY

Beneficiary Full Name ( First, Middle, Last)		
Social Security Number	Date of Birth	
Relationship	Primary	Contingent
Beneficiary Full Name ( First, Middle, Last)		
Social Security Number	Date of Birth	
Relationship	Primary	Contingent

- I am not married  
 I am married, my spouse is my primary beneficiary  
 I am married, my spouse is not my primary beneficiary

I certify that the information that I have provided on this application is correct to my knowledge. I understand that I will be required to provide a valid government issued form of photo identification and other information required of the United States Patriot Act at account opening.

Account Holder Signature	Date
Print Name	

951 Madison Ave Mankato, MN 56001 507-625-1551	300 St. Andrews Dr Mankato, MN 56001 507-385-4444	203 East Maine St P.O. Box 368 Amboy, MN 56010 507-674-3300	405 Parkway Ave Eagle Lake, MN 56024 507-257-5120	201 E Main St P.O. Box 307 Vernon Center, MN 56090 507-549-3679
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