

WEA Member Benefits IRA Payroll Authorization

Important: Please complete this form and **return it to your payroll office** as soon as possible.

1, Employee Information

Last Name	First	M.I.	Social Security Number
Address			Evening Phone
City	State	ZIP	Work Phone

2, Employee Authorization

I authorize my Employer to deduct Traditional and/or Roth IRA contributions from my pay in the amount I request and to forward it to WEA Member Benefits, subject to the terms and conditions stated in this Authorization.

If I make any changes that affect the amount to be withheld, the Employer will adjust the payroll deduction amounts accordingly (WEA Member Benefits does not adjust payroll deductions—only the Employer does). I understand that it is the Employer's obligation to deduct and transmit funds to WEA Member Benefits on my behalf.

I understand that my participation in payroll deduction requires the Employer to supply payroll and financial information to WEA Member Benefits.

I understand that a delay in returning this Authorization to the Employer could delay payroll deductions, which may result in a delay in contributions to the Traditional and/or Roth IRA account I have established.

This Authorization shall remain in effect until I notify WEA Member Benefits of my desire to terminate this Authorization.

Employee's Signature _____ Date _____

3, Employer Approval

The Employer will provide a monthly remittance report and any amount due will be collected via ACH from the school's account.

Employer Rep. Name _____ District/Employer _____

Signature _____ Date _____

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WEA Member Benefits IRA Payroll Contribution Notification

Important: Please complete this form and **return it to WEA Member Benefits** as soon as possible.

Use this form to establish a plan for contributions into your Traditional or Roth IRA account from your payroll. The information provided on this form will be provided to your payroll coordinator. Contributions to all Traditional and Roth IRA accounts cannot exceed the Internal Revenue Service Code Limit.

If you are **opening a new IRA account**, please complete and submit this form with the appropriate IRA account application to WEA Member Benefits.

1 Participant Information

Social Security No. _____ Employer Name _____
WEAC No. (if applicable) _____
Name _____ Date of Birth _____
Last First Middle
Address _____ Phone (_____) _____
City State ZIP E-Mail Address _____

2. Traditional IRA Account Information

- ☐ I want to begin or change contributions to my Traditional IRA Account via payroll deduction. Payroll deduction requires a \$20 monthly minimum contribution.

Per paycheck deduction for Traditional IRA Account of \$ _____

- ☐ I want to stop contributions to my Traditional IRA Account.

3. Roth IRA Account Information

- ☐ I want to begin or change contributions to my Roth IRA Account via payroll deduction. Payroll deduction requires a \$20 monthly minimum contribution.

Per paycheck deduction for Roth IRA Account of \$ _____

- ☐ I want to stop contributions to my Roth IRA Account.

4. Signature and Date

Participant's Signature _____ Date _____

(Please be sure to select the appropriate type of IRA.)