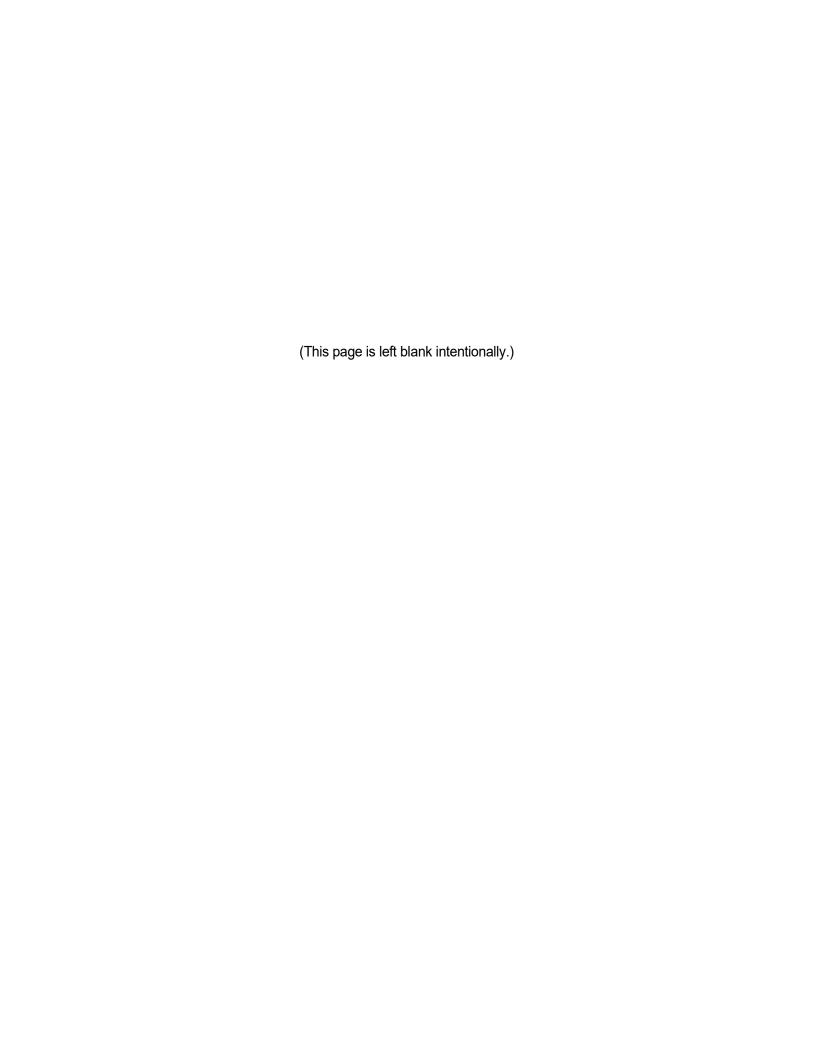


WEA Member Benefits IRA Payroll Authorization

Important: Please complete this form and <u>return it to your payroll office</u> 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 Autho	rization				
			butions from my pay in the amount I request and to ons stated in this Authorization.		
accordingly (WEA Memb	er Benefits does not adju	ist payroll deduction	oloyer will adjust the payroll deduction amounts ns—only the Employer does). I understand that it is ber Benefits on my behalf.		
I understand that my par WEA Member Benefits.	ticipation in payroll deduc	tion requires the E	mployer to supply payroll and financial information to		
I understand that a delay delay in contributions to			er could delay payroll deductions, which may result in a established.		
This Authorization shall r	emain in effect until I noti	fy WEA Member Be	enefits of my desire to terminate this Authorization.		
Employee's Signature			Date		
3, Employer Approx	val				
The Employer will provid the school's account.	e a monthly remittance re	eport and any amou	ınt due will be collected via ACH from		
Employer Rep. Name			District/Employer		
Signature			Date		





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 <u>submit this form with the appropriate IRA account application</u> <u>to WEA Member Benefits.</u>

1 Pai	rticipant Infor	mation					
Social Security No.				Employer Name			
				WEAC No. (if applicable)			
Name				Date of Birth			
Name	Last	First	Middle				
Address				Phone ()			
				E-Mail Address			
	City	State	ZIP				
2. Traditional IRA Account Information							
requires a \$20 monthly minimum contribution. Per paycheck deduction for Traditional IRA Account of \$							
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.)