synchrony BANK

TRADITIONAL IRA CONTRIBUTION

Please review all information below and complete as applicable. If you have any questions regarding the information on this form, please contact our Banking Representatives toll-free at 1-866-226-5638.

IRA Owner Information

Name	Social Security Number	Date of Birth
Address	Home Phone Number	
City/State/Zip	Daytime Phone Number	

Deposit Information

Account Number	$ Amount of Deposit	Tax-Year contribution for Tax Year _____ Type of Deposit

☐ Transfer funds from my existing Synchrony Bank Account #_____

Signatures

I certify that, to the best of my knowledge, the information provided on this form is true and correct and may be relied upon by the Trustee/Custodian. I agree to seek the advice of a legal or tax professional, as needed. The Trustee/Custodian has not provided me with any legal or tax advice, and I assume full responsibility for this transaction. I will not hold the Trustee/Custodian liable for any adverse consequences that may result from this transaction.

X_____ _____

Signature of Owner Date Signature of Trustee/Custodian Date

Member FDIC
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