

G E B A

Wealth Management

Please return this form to:  
 GEBA Wealth Management  
 P.O. Box 206  
 Annapolis Junction, MD 20701-0206  
 or fax (301) 688-6694 or email [geba@geba.com](mailto:geba@geba.com)

Member Number  
  
 Telephone:  
 (301) 688-7912 or (800) 826-1126

**Stable Value Account (SVA)  
 NEW ACCOUNT FORM**

*Please complete this form to open a new SVA investment account.  
 To contribute to an already existing SVA account, please use the GEBA Wealth Management Contribution form  
 available at [www.GEBAWealth.com](http://www.GEBAWealth.com).*

**General Information:**

Applicant's Name (First, MI, Last):		Social Security No.:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Single <input type="checkbox"/> Separated					
Street Address:			Date of Birth (mm/dd/yyyy):		Email Address:
City:	State:	Zip:	Home Phone No.:		Work Phone No.:

By providing your email address to us, you expressly consent to receive emails from us. We may use email to communicate with you, to send information that you have requested, or to send information about other products or services developed or provided by us. We will not give your email address to another party to promote their products or services directly to you.

**Type of Member:**

<input type="checkbox"/> Active Employee	Hire Date:	Agency:
<input type="checkbox"/> Retiree	Retirement Date:	Agency:
<input type="checkbox"/> Military	Hire Date:	Services:
<input type="checkbox"/> Contractor (Assigned to NSA-W)	Assignment Date:	Company:
<input type="checkbox"/> Surviving Spouse/Domestic Partner	Deceased GEBA Member Name:	

**How Did You Hear About GEBA's SVA Plan?**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Advertisement       | <input type="checkbox"/> Brochure      | <input type="checkbox"/> Information Table              | <input type="checkbox"/> Seminar       |
| <input type="checkbox"/> Agency Announcement | <input type="checkbox"/> Email/Mailing | <input type="checkbox"/> Member Services Representative | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Briefing            | <input type="checkbox"/> GEBA Website  | <input type="checkbox"/> New Hire Orientation           |  |

At GEBA, there are no membership fees required to be a member. After enrolling into at least one of GEBA's insurance or investment plans, you are considered a GEBA member. Continuing to pay your premium for at least one plan allows you to remain a GEBA member in good standing.

# Type of Contribution

Make check(s) payable to GEMBA-SRP.

Payroll allotment contributions are available for active civilian NSA and DIA employees only.

Traditional IRA <sup>1</sup>	Roth IRA <sup>1,2</sup>	Group Annuity (GA)
5305-A must be completed and returned to GEBA.		
5305-RA must be completed and returned to GEBA.		
<input type="checkbox"/> <b>Prior Year Traditional IRA</b> (thru April 17, received in the GEBA office by April 12)  <input type="checkbox"/> Lump sum: \$ _____ In 2017, Up to \$5,500, or \$6,500 if over age 50.	<input type="checkbox"/> <b>Prior Year Roth IRA</b> (thru April 17, received in the GEBA office by April 12)  <input type="checkbox"/> Lump sum: \$ _____ In 2017, Up to \$5,500, or \$6,500 if over age 50.	<input type="checkbox"/> <b>Non-Tax Deductible GA</b> <input type="checkbox"/> Lump sum: \$ _____ <input type="checkbox"/> Bi-weekly Payroll Allotment: \$ _____ (NSA & DIA Only) <input type="checkbox"/> Auto Debit: <input type="checkbox"/> Monthly: \$ _____ <input type="checkbox"/> Bi-weekly: \$ _____ <input type="checkbox"/> First Auto Debit Date: ____/____/____
<input type="checkbox"/> <b>Current Year Traditional IRA</b> <b>Year: 2018</b>  In 2018, up to \$5,500, or \$6,500 if over age 50. <input type="checkbox"/> Lump sum: \$ _____  <input type="checkbox"/> Auto Debit: <input type="checkbox"/> Monthly: \$ _____ <input type="checkbox"/> Bi-weekly: \$ _____ <input type="checkbox"/> First Auto Debit Date: ____/____/____  <input type="checkbox"/> Bi-weekly Payroll Allotment (NSA and DIA Only): \$ _____ Beginning pay period: ____/____/____	<input type="checkbox"/> <b>Current Year Roth IRA</b> <b>Year: 2018</b>  In 2018, up to \$5,500, or \$6,500 if over age 50. <input type="checkbox"/> Lump sum: \$ _____  <input type="checkbox"/> Auto Debit: <input type="checkbox"/> Monthly: \$ _____ <input type="checkbox"/> Bi-weekly: \$ _____ <input type="checkbox"/> First Auto Debit Date: ____/____/____  <input type="checkbox"/> Bi-weekly Payroll Allotment (NSA and DIA Only): \$ _____ Beginning pay period: ____/____/____	<input type="checkbox"/> <b>1035 Exchange (GA Only)**:</b> \$ _____ Institution Received from: _____  Exchange Cost Amount: \$ _____
<input type="checkbox"/> <b>IRA Trustee Transfer*:</b> \$ _____  <input type="checkbox"/> <b>IRA Rollover:</b> \$ _____ Institution Received from: _____	<input type="checkbox"/> <b>Roth IRA Trustee Transfer*:</b> \$ _____  <input type="checkbox"/> <b>Roth IRA Rollover:</b> \$ _____  <input type="checkbox"/> <b>Roth IRA Conversion:</b> \$ _____ Institution Received from: _____	
PLEASE SEE REVERSE SIDE FOR MORE INFORMATION ON REQUIRED DOCUMENTS AND ROTH IRA ANNUAL INCOME LIMITS		
<p>NOTE: ALL CONTRIBUTIONS ARE INVESTED BI-WEEKLY. PLEASE SEE THE 2018 CONTRIBUTION SCHEDULE AVAILABLE AT THE GEBA OFFICE OR AT WWW.GEBAWEALTH.COM FOR DUE DATES.</p> <p>PAYROLL ALLOTMENTS AND AUTO DEBIT DEDUCTIONS WILL CONTINUE UNTIL INSTRUCTIONS ARE RECEIVED (BY GEBA) TO DISCONTINUE. PLEASE REFER TO THE 2018 SRP AUTOMATIC CONTRIBUTION SCHEDULE OR THE 2018 SRP CONTRIBUTION SCHEDULE FOR INVESTMENT DATES.</p>		

\*If a trustee transfer, please also include a Trustee Transfer form.  
 \*\*If a 1035 exchange, please also include a 1035 Exchange Request Form.  
 This form can be found at [www.GEBAWealth.com](http://www.GEBAWealth.com), under Forms.

# Beneficiary Designation

## Primary Beneficiary(ies):

1.	Full Name	Date of Birth	Relationship	SSN
	Address:			Benefit %:
2.	Full Name	Date of Birth	Relationship	SSN
	Address:			Benefit %:

## Contingent Beneficiary(ies):

1.	Full Name	Date of Birth	Relationship	SSN
	Address:			Benefit %:
2.	Full Name	Date of Birth	Relationship	SSN
	Address:			Benefit %:

- Beneficiaries may be a person(s), estate, trust, or organization. If a trust is named, the legal documentation must be submitted with this form.
- If your primary beneficiary(ies) is(are) unable to accept the distribution, your contingent beneficiary(ies) will receive proceeds of the account.
- Please be sure that percentages listed in each beneficiary category add up to 100%. Use a separate sheet to list any additional beneficiaries. You must sign and date all attachments.
- Each beneficiary a member designates on his/her investment account must represent a minimum of 25% of the account value or \$10,000, whichever is less.

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## Member Signature

### Traditional or Roth IRA

- I currently have GEBA's most current Summary Plan Description and enclosed the necessary IRA 5305 Forms.
- Please send me GEBA's most current Summary Plan Description and the necessary IRA 5305 Forms.

### Group Annuity

- I currently have GEBA's most current Summary Plan Description.
- Please send me GEBA's most current Summary Plan Description.

- I understand that the terms and conditions which apply to this Account, including withdrawal penalties, are stated in the GEMBA Summary Plan Description and IRA 5305 Form (which are available from GEBA's website). Also, I agree to be bound by the terms listed in the GEMBA Summary Plan Description and the GEMBA Custodial 5305 Agreement as currently in effect or as they may be amended from time to time. I further certify that I have read this new account form and completed all applicable sections completely and accurately. I authorize GEMBA to invest my funds in the manner indicated on this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please be sure to sign and date above. Then, submit to GEBA.***

**FOR GEBA OFFICE USE ONLY:**

GEMBA Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Wire Date Invested: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date)

1<sup>st</sup> Auto Debit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date)

1<sup>st</sup> Payroll Allotment: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date)

SPD Sent: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date)

**Roth IRA**

Form 5305-RA On File (Roth IRA) - \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date)

Form 5305-RA (Roth IRA) - **SENT TO MEMBER** \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date)

**Traditional IRA**

Form 5305-A On File (Traditional IRA) - \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date)

Form 5305-A (Traditional IRA) - **SENT TO MEMBER** \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date)

**Notes:**

**<sup>1</sup>IRA Documents Needed**

GEBA requires a signed 5305-A form for a Traditional IRA or 5305-RA for a Roth IRA. The forms can be downloaded from GEBA's website. If the 5305-A or 5305-RA form is not received with the contribution, GEBA will send you one to sign and return.

**2018 Traditional IRA Contribution and Deduction Limits if You ARE Covered by a Retirement Plan at Work**

<b>If you have taxable compensation and your filing status is:</b>	<b>AND your modified AGI is:</b>	<b>The You Can Take</b>
<b>Married, filing jointly or qualifying widow(er)</b>	\$98,000 or less	A full deduction up to the amount of your contribution limit.
	More than \$98,000 but less than \$118,000	A partial deduction
	\$118,000 or more	No deduction
<b>Married filing separately</b>	Less than \$10,000	A partial deduction
	\$10,000 or more	No deduction
<b>Single or head of household</b>	Less than \$63,000	A full deduction up to the amount of your contribution limit.
	At least \$63,000 but less than \$73,000	A partial deduction.
	\$73,000 or more	No deduction

**<sup>2</sup>2018 Roth IRA Annual Income Limits**

<b>If you have taxable compensation and your filing status is:</b>	<b>AND your modified AGI is:</b>	
<b>Married, filing jointly or qualifying widow(er)</b>	Less than \$189,000	You can contribute up to \$5,500 (\$6,500 if you are age 50 or older).
	At least \$189,000 but less than \$199,000	The amount you can contribute is reduced.
	\$196,000 or more	You cannot contribute to a ROTH IRA.
<b>Married filing separately and you lived with your spouse at anytime during the year</b>	Zero (-0-)	You can contribute up to \$5,500 (\$6,500 if you are age 50 or older).
	More than zero (-0-) but less than \$10,000	The amount you can contribute is reduced.
	\$10,000 or more	You cannot contribute to a ROTH IRA.
<b>Single, head of household or married filing separately and you did not live with your spouse at anytime during the year</b>	Less than \$120,000	You can contribute up to \$5,500 (\$6,500 if you are age 50 or older).
	At least \$120,000 but less than \$135,000	The amount you can contribute is reduced.
	\$135,000 or more	You cannot contribute to a ROTH IRA.

See IRS Publication 590-A, Contributions to Individual Retirement Accounts (IRAs) for a worksheet to figure your reduced contribution. Available at <https://www.irs.gov/publications/p590a>.

