



*Please return this form to:*  
 GEBA Wealth Management  
 1362 Mellon Road, #100  
 Hanover, MD 21076  
 Or fax (443) 403-0321 or email [geba@geba.com](mailto:geba@geba.com)

**Member Number**  
  
 Telephone:  
 (410) 657-8060 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.:	Cell 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 Wealth Management'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.

Group Annuity (GA)	Traditional IRA <sup>1</sup>	Roth IRA <sup>1,2</sup>
<p>5305 A must be completed and returned to GEBA.</p>		
<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>Prior Year Traditional IRA</b> (thru April 17, received in the GEBA office by April 12)  Lump sum: \$ _____ In 2020, Up to \$6,000, or \$7,000 if over age 50.	<input type="checkbox"/> <b>Prior Year Roth IRA</b> (thru April 17, received in the GEBA office by April 12)  Lump sum: \$ _____ In 2020, Up to \$6,000, or \$7,000 if over age 50.
	<input type="checkbox"/> <b>Current Year Traditional IRA Year: 2021</b>  In 2021, up to \$6,000, or \$7,000 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 Year: 2021</b>  In 2021, up to \$6,000, or \$7,000 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: _____ Cost Basis 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: _____
<p><b>PLEASE SEE LAST PAGE FOR MORE INFORMATION ON REQUIRED DOCUMENTS AND ROTH IRA ANNUAL INCOME LIMITS</b></p>		
<p><b>NOTE: ALL CONTRIBUTIONS ARE INVESTED WEEKLY.</b></p>		
<p><b>PAYROLL ALLOTMENTS AND AUTO DEBIT DEDUCTIONS WILL CONTINUE UNTIL INSTRUCTIONS ARE RECEIVED (BY GEBA) TO DISCONTINUE.</b></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/forms](http://www.GEBAWealth.com/forms).

## Beneficiary Designation

- 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.

I designate that my beneficiaries be named per stripes. (Please sign and attach a blank sheet with primary and corresponding per stripes beneficiaries.)

I hereby designate the person or persons below as beneficiary for the insurance specified above:

Primary Beneficiary(ies):		
First MI Last	Relationship	Date of Birth (mm/dd/yyyy)
Beneficiary Address (Number, Street, City, State, Zip Code)		Social Security No.
Email	Phone	% of Benefit
First MI Last	Relationship	Date of Birth (mm/dd/yyyy)
Beneficiary Address (Number, Street, City, State, Zip Code)		Social Security No.
Email	Phone	% of Benefit
First MI Last	Relationship	Date of Birth (mm/dd/yyyy)
Beneficiary Address (Number, Street, City, State, Zip Code)		Social Security No.
Email	Phone	% of Benefit

Contingent Beneficiary(ies):		
First MI Last	Relationship	Date of Birth (mm/dd/yyyy)
Beneficiary Address (Number, Street, City, State, Zip Code)		Social Security No.
Email	Phone	% of Benefit
First MI Last	Relationship	Date of Birth (mm/dd/yyyy)
Beneficiary Address (Number, Street, City, State, Zip Code)		Social Security No.
Email	Phone	% of Benefit
First MI Last	Relationship	Date of Birth (mm/dd/yyyy)
Beneficiary Address (Number, Street, City, State, Zip Code)		Social Security No.
Email	Phone	% of Benefit

## Spousal Consent and Waiver:

### For Non-married Participants

I certify that I am not married, and spousal consent is not required.

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

### For Married Participants

If you are married and designate a beneficiary(ies) other than your spouse for your death benefit, such designation will not be effective unless your spouse indicates agreement with the designation by signing the Spousal Consent below. **Spousal Consent:** I hereby consent to the designation of the beneficiary(ies) listed above. I understand that (1) the effect of this designation is to cause some or all of my spouse's death benefit, or a portion of it, to be paid to someone other than me; (2) that each beneficiary designation is not valid unless I consent to it; and (3) my consent is irrevocable unless my spouse revokes the beneficiary designation.

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

### Notarization of Spouse's Signature

State of \_\_\_\_\_ County \_\_\_\_\_

The undersigned Notary Public certifies that \_\_\_\_\_, personally known to me to be the same person whose name is subscribed to the foregoing document, appeared before me in person, and acknowledged the signature and delivery of this instrument as his or her free and voluntary act, for the uses and purposes therein set forth.

Notary Public Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**OR**

### Plan Representative Witness

The undersigned, with authority to act on behalf of the Plan, certifies that \_\_\_\_\_, the Participant's spouse, appeared before me in person, and executed the foregoing document freely and voluntarily.

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

\* If spousal consent is required but cannot be obtained, this form must be accompanied by an affidavit completed by the participant and approved by the Plan Administrator. The affidavit must state that spousal consent is not needed or cannot be obtained because: (1) the participant's spouse cannot be found; or (2) the participant is legally separated from or has been abandoned by the spouse (within the meaning of local law) and has a court order to such effect and no qualified domestic relations order exists that requires spousal consent to this withdrawal.

---

## Member Signature

### Traditional or Roth IRA

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

### Group Annuity

- I currently have GEMBA's most current Summary Plan Description.  
 Please send me GEMBA'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 on [GEBAWealth.com/forms](http://GEBAWealth.com/forms)). 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 Wealth Management.**

**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 Wealth Management requires a signed 5305-A form for a Traditional IRA or 5305-RA for a Roth IRA. The forms can be downloaded from [www.GEBAWealth.com/forms](http://www.GEBAWealth.com/forms). If the 5305-A or 5305-RA form is not received with the contribution, GEBA Wealth Management will send you one to sign and return.

**2021 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>Single or head of household</b>	Less than \$66,000	A full deduction up to the amount of your contribution limit.
	At least \$66,000 but less than \$76,000	A partial deduction.
	\$76,000 or more	No deduction
<b>Married, filing jointly or qualifying widow(er)</b>	\$105,000 or less	A full deduction up to the amount of your contribution limit.
	More than \$105,000 but less than \$125,000	A partial deduction
	\$125,000 or more	No deduction
<b>Married filing separately</b>	Less than \$10,000	A partial deduction
	\$10,000 or more	No deduction

**<sup>2</sup>2021 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>Single, head of household or married filing separately and you did not live with your spouse at anytime during the year</b>	Less than \$125,000	You can contribute up to \$6,000 (\$7,000 if you are age 50 or older).
	At least \$125,000 but less than \$140,000	The amount you can contribute is reduced.
	\$140,000 or more	You cannot contribute to a ROTH IRA.
<b>Married, filing jointly or qualifying widow(er)</b>	Less than \$198,000	You can contribute up to \$6,000 (\$7,000 if you are age 50 or older).
	At least \$198,000 but less than \$208,000	The amount you can contribute is reduced.
	\$208,000 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 \$6,000 (\$7,000 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.
	At least \$122,000 but less than \$137,000	The amount you can contribute is reduced.
	\$137,000 or more	You cannot contribute to a ROTH IRA.

There are no annual contribution limits and no income limits for the Group Annuity.