

Participant Enrollment Form - Fixed Account

*See Mailing Instructions Below**

DEPOSITOR

Depositor's Name: _____ Date of Birth: _____ / _____ / _____ (mm/dd/yyyy)
 Home Address: _____ Social Security #: _____
 _____ Gender: Male Female
 Telephone: (Home): _____ (Work): _____

BENEFICIARY DESIGNATION: You may have more than one primary or contingent beneficiary. The primary beneficiary inherits in the event that the owner dies. The contingent beneficiary inherits only if all primary beneficiaries predecease the owner.

Beneficiary(ies): (Primary): _____
 (Contingent): _____

**FUNDING ACCOUNT
IRA**

	AMOUNT	TAX YEAR
TRADITIONAL:		
Regular Contribution	\$ _____	_____
Rollover	\$ _____	N/A
ROTH:		
Regular Contribution	\$ _____	_____
Rollover (From Converted)	\$ _____	N/A
Rollover (Roth to Roth)	\$ _____	N/A
NON-QUALIFIED DEFERRED ANNUITY	\$ _____	N/A

Depositor's Signature: _____ Date: _____

The depositor named above hereby establishes an IRA and/or a Non-Qualified Deferred Annuity with the custodian to provide for the Depositor's retirement and for the support of his or her beneficiaries after death.
 This agreement is not effective until accepted by the Administrator on behalf of the Custodian.

Administrator's Signature: _____

***Make your check payable to: BB&T, Custodian**
 Make sure the letters AGE appear on the memo line of your check.

Certified, registered, or overnight mail sent to the PO Box address may delay processing of your transaction.

Mail this form with check to:
 AGE Supplemental Retirement Plan
 PO Box 2899
 Virginia Beach, VA 23450-2899

Please send certified or overnight mail to:
 AGE Supplemental Retirement Plan
 575 Lynnhaven Pkwy., Suite 270
 Virginia Beach, VA 23452