

***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**

<b>TRADITIONAL:</b>	<b>AMOUNT</b>	<b>TAX YEAR</b>
Regular Contribution	\$ _____	_____
Rollover	\$ _____	N/A
<b>ROTH:</b>		
Regular Contribution	\$ _____	_____
Rollover (From Converted)	\$ _____	N/A
Rollover (Roth to Roth)	\$ _____	N/A
<b>NON-QUALIFIED DEFERRED ANNUITY</b>	\$ _____	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 VAEA 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:**  
 VAEA Supplemental Retirement Plan  
 PO Box 2899  
 Virginia Beach, VA 23450-2899

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