



# *myRA Enrollment Using ITINs*

## *Process and Steps*



*January 3, 2017*

# Overview

A customer without a social security number can open a *myRA* account using an ITIN (Individual Tax Identification Number) by contacting the *myRA* customer support center at 855-406-6972.

To enroll using an ITIN, savers should follow these three easy steps:

Step 1: Request a *myRA* account.

Step 2: Provide required enrollment documentation.

Step 3: Save.

**Note:** *myRA.gov* online enrollment is not currently available for ITIN customers.

# Begin the Enrollment Process

**Step 1: Request a *myRA* account.**

**Saver opens a *myRA* account by calling 855-406-6972.**

**Information needed to begin enrollment:**

- Name, Address, and Phone Number
- Email Address (optional)
- ITIN (Individual Tax Identification Number)
- Employment Information (optional)
- Driver's license, state ID, U.S. passport, or military ID

# Provide Required Documentation

## Step 2: Provide required enrollment documentation.

Anyone enrolling in *myRA* with direct assistance from the Call Center will receive a Fulfillment Kit at the address on record with in 5-7 business days.

Customers should sign and return the following:

- ✓ **Customer Acceptance Form**. This confirms all your identification information and acknowledges your acceptance of the account terms.
- ✓ **Designation of Beneficiary Form**. A saver can identify up to three beneficiaries. At least one name and birthdate is required.
- ✓ **IRS Form W-8BEN (ITIN customers only)**. A form completed in order to claim exempt status from certain tax withholdings. This form, the “**Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)**”
- ✓ **Return Envelope**. Provided for your convenience.

Customers should retain the following for their records:

- Master Terms
- Withdrawal Distribution Request Form
- Privacy Notice

# Create a Habit of Saving

## **Step 3: Maintain the account; Monitor growth.**

Once all of the required information is returned, an account will be created within 7-10 business days. The customer will then receive a welcome kit or welcome email (*if an email address is provided*) with account information details. The customer will then be able to login to *myRA* online, choose *Contribute* to setup a recurring contribution.

*Note: The account creation process will not begin until all of the required forms are completed and returned to the call center.*

# Learn More

**For more information,  
Visit [myRA.gov/taxpro](https://myRA.gov/taxpro)**

**To partner with us,  
call 844-874-7590**

**Email: [myRAemployers@stls.frb.org](mailto:myRAemployers@stls.frb.org)**





# *Appendix*

# Customer Acceptance Form



myRA.gov

NAME  
ADDRESS  
CITY, ST ZIP

## myRA® Acceptance Form

Welcome to the myRA® (My Retirement Account) program and thank you for contacting customer support. Congratulations on taking this important step toward saving for your retirement with a myRA, a type of Roth Individual Retirement Account under Internal Revenue Code Section 408A ("myRA").

In order to complete the myRA account opening process, please complete the myRA Designation form and mail using the enclosed envelope within 30 days of the date of this document.

**NOTICE:** The signer of this document (the "myRA Owner") must be a U.S. citizen or permanent resident alien. The myRA Owner must be at least 18 years old and must be a resident of the United States. The myRA Owner must be a U.S. citizen or permanent resident alien. The myRA Owner must be a U.S. citizen or permanent resident alien. The myRA Owner must be a U.S. citizen or permanent resident alien.

By signing below, you agree:

1. That you have received and agree to the terms of the myRA Acceptance Form.
2. That Comerica Bank ("Bank") may share information with other financial institutions for purposes of Terms, privacy notice or as required by law.
3. Except as stated below, this myRA Acceptance Form is effective as of the date this document is received. Signature is shown in this document may make contributions to the myRA in accordance with the Master Terms that are set forth in the myRA Acceptance Form. You shall be deemed authorized by you.
4. There are no oral agreements or other written agreements.
5. This myRA Acceptance Form is incorporated in and is a part of the myRA.

Beneficiaries of an inherited myRA must sign as the "myRA Owner" on the myRA Acceptance Form.

**YOU UNDERSTAND THAT YOU ARE AGREEING TO WAIVE ANY RIGHTS TO DISPUTE REGARDING YOUR myRA AND TERMS.**

**YOU UNDERSTAND THAT YOU ARE AGREEING TO BE BOUND BY BINDING ARBITRATION, AS DESCRIBED IN THE myRA ACCEPTANCE FORM.**

\_\_\_\_\_  
Authorized Signature of myRA Owner

\_\_\_\_\_  
Printed Name of myRA Owner

\_\_\_\_\_  
Social Security Number or Individual Taxpayer Identification Number

\_\_\_\_\_  
Address for myRA Owner (Do Not Use P.O. Box):

Thank you,  
myRA Customer Support

Nondeposit investment products used for your myRA are not insured by the FDIC, are not FDIC-insured, and are backed by the U.S. Treasury. Comerica Bank ("Bank") is headquartered in Dallas, Texas, and serves as the U.S. agent for the myRA. Comerica Bank Tower, 1717 Main Street, Dallas, Texas 75201.



myRA.gov

Please complete the following only if you are a U.S. citizen, permanent resident. If you are a nonresident alien or a foreign individual please complete form W-8BEN (enclosed if applicable).

### REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION (SUBSTITUTE FORM W-9)

I have read the detailed instructions concerning backup withholding and taxpayer identification numbers and I CERTIFY UNDER PENALTIES OF PERJURY THAT (1) the number shown on this myRA Acceptance Document is my correct Social Security Number or taxpayer identification number (TIN) and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS notified me that I am no longer subject to backup withholding and (3) I am a U.S. citizen or other U.S. person (including a U.S. resident alien) and (4) I am exempt from FATCA reporting (Foreign Account Tax Compliance Act). (Instructions to signer: You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return.)

The IRS does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

\_\_\_\_\_  
Printed Name of myRA Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature of myRA Owner

### FOR BANK USE ONLY

myRA Account Number: \_\_\_\_\_ Date Open: \_\_\_\_\_

Open By (initials): \_\_\_\_\_ Approved By (initials): \_\_\_\_\_ Call Back (initials): \_\_\_\_\_

Date Closed: \_\_\_\_\_ By: \_\_\_\_\_

Reason: \_\_\_\_\_



# Designation of Beneficiary Form



myRA.gov

## myRA® Beneficiary Designation

CUSTOMER NAME	
ADDRESS	
ADDRESS	
CITY	STATE
HOME TELEPHONE	CELL PHONE
ACCOUNT NUMBER	

Pursuant to the Master Terms of myRA Customer beneficiary(ies) to receive the indicated percentage completing this myRA Beneficiary Designation you Individual Taxpayer Identification Number (ITIN) of the

% of myRA	PRIMARY BENEFICIARY NAME
ADDRESS	CITY
% of myRA	PRIMARY BENEFICIARY NAME
ADDRESS	CITY
% of myRA	PRIMARY BENEFICIARY NAME
ADDRESS	CITY

If any of the above-named primary beneficiaries predeceases me, the share of any such beneficiary shall be distributed as follows:

- in equal portions to the other primary beneficiary(ies)
- to the issue, by right of representation, of the primary beneficiary(ies)
- in equal portions to the secondary beneficiary(ies)

If none of the above-named beneficiaries survives me, I designate the following secondary beneficiary(ies) to receive the indicated percentage(s) of my myRA upon my death:

% of myRA	SECONDARY BENEFICIARY NAME	RELATION TO YOU	BIRTHDATE
ADDRESS	CITY	STATE	ZIP CODE
			SSN or ITIN

% of myRA	SECONDARY BENEFICIARY NAME	RELATION TO YOU	BIRTHDATE
ADDRESS	CITY	STATE	ZIP CODE
			SSN or ITIN

% of myRA	SECONDARY BENEFICIARY NAME	RELATION TO YOU	BIRTHDATE
ADDRESS	CITY	STATE	ZIP CODE
			SSN or ITIN

If any of the above-named secondary beneficiaries predeceases me, the share of any such beneficiary shall be distributed as follows:

- in equal portions to the other secondary beneficiaries who survive me; or
- to the issue, by right of representation, of the secondary beneficiary who predeceased me.

I understand that if none of the above-named beneficiaries survives me, the beneficiary of my myRA will be deemed to be my surviving spouse; or if there is no surviving spouse, my issue by right of representation, or if there is no issue, my estate. I also understand that payment to any beneficiary is contingent upon providing to Comerica Bank ("Comerica") evidence satisfactory to Comerica of the beneficiary's right to receive these payments. My beneficiary will have the right to elect the method by which my myRA will be paid to him or her on a form to be filed with Comerica after my death only to the extent permitted in the Master Terms of myRA Custodial Account. I may change my beneficiary(ies) at any time by filing a new designation of beneficiary form with Comerica.

myRA Holder

Print Name	Date
Signature	

Spouse (if applicable)

If you have a spouse and have designated a beneficiary other than your spouse, your spouse's signature is required. Note: your state may have further requirements for designating a nonspousal beneficiary.

Print Name	Date
Signature	

Comerica

Acknowledged By	Date
Signature	

# IRS Form W-8BEN

Form <b>W-8BEN</b> (Rev. February 2014) Department of the Treasury Internal Revenue Service	<b>Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)</b> ▶ For use by individuals. Entities must use Form W-8BEN-E. ▶ Information about Form W-8BEN and its separate instructions is at <a href="http://www.irs.gov/formw8ben">www.irs.gov/formw8ben</a> . ▶ Give this form to the withholding agent or payer. Do not send to the IRS.	OMB No. 1545-1621
<b>Do NOT use this form if:</b>		
• You are NOT an individual • You are a U.S. citizen or other U.S. person, including a resident alien individual • You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) • You are a beneficial owner who is receiving compensation for personal services performed in the United States • A person acting as an intermediary		<b>Instead, use Form:</b> W-8BEN-E W-9 W-8ECI 8233 or W-4 W-8IMY
<b>Part I Identification of Beneficial Owner</b> (see instructions)		
1 Name of individual who is the beneficial owner	2 Country of citizenship	
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.		
City or town, state or province. Include postal code where appropriate.		Country
4 Mailing address (if different from above)		
City or town, state or province. Include postal code where appropriate.		Country
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)	6 Foreign tax identifying number (see instructions)	
7 Reference number(s) (see instructions)	8 Date of birth (MM-DD-YYYY) (see instructions)	
<b>Part II Claim of Tax Treaty Benefits</b> (for chapter 3 purposes only) (see instructions)		
9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.		
10 <b>Special rates and conditions</b> (if applicable—see instructions): The beneficial owner is claiming the provisions of Article _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____		
Explain the reasons the beneficial owner meets the terms of the treaty article: _____		
<b>Part III Certification</b>		
Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:		
<ul style="list-style-type: none"> <li>• I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself as an individual that is an owner or account holder of a foreign financial institution,</li> <li>• The person named on line 1 of this form is not a U.S. person,</li> <li>• The income to which this form relates is:                         <ul style="list-style-type: none"> <li>(a) not effectively connected with the conduct of a trade or business in the United States,</li> <li>(b) effectively connected but is not subject to tax under an applicable income tax treaty, or</li> <li>(c) the partner's share of a partnership's effectively connected income,</li> </ul> </li> <li>• The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and</li> <li>• For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.</li> </ul> Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.		
<b>Sign Here</b>		
_____ Signature of beneficial owner (or individual authorized to sign for beneficial owner)		_____ Date (MM-DD-YYYY)
_____ Print name of signer		_____ Capacity in which acting (if form is not signed by beneficial owner)
For Paperwork Reduction Act Notice, see separate instructions.		
Cat. No. 25047Z		Form <b>W-8BEN</b> (Rev. 2-2014)