

# TRADITIONAL IRA REQUIRED DEATH DISTRIBUTIONS

## GENERAL INFORMATION

Organization: \_\_\_\_\_

Participant: \_\_\_\_\_ SSN: \_\_\_\_\_ Account No: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Required Beginning Date: \_\_\_\_\_

MUST BE COMPLETED FOR EACH BENEFICIARY UNDER THE TRADITIONAL IRA:

Beneficiary: \_\_\_\_\_ SSN: \_\_\_\_\_ Account No.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

## BENEFICIARY ELECTIONS

Did the participant die before or after his or her Required Beginning Date?  Before  After

### Surviving Spouse Beneficiary, complete PART A OR PART B of this Section

PART A: Remaining as the Beneficiary:

The participant died before his or her Required Beginning Date:

I elect to receive my entire portion of the IRA by December 31<sup>st</sup> of the year containing the 5<sup>th</sup> anniversary of the participant's death; or,

I elect to begin distributions as a beneficiary over my single life expectancy, redetermined annually.

These payments are required to commence on or before \_\_\_\_\_. [Enter the December 31<sup>st</sup> of the calendar year during which the participant would have attained the age of 70½; or, if later, the December 31<sup>st</sup> of the calendar year immediately following the calendar year during which the participant died.]

The participant died on or after his or her Required Beginning Date:

I elect to begin distributions as a beneficiary over the longer of my single life expectancy, redetermined annually or the single life expectancy of the decedent, reduced by one.

These payments are required to commence on or before \_\_\_\_\_. [Enter the December 31<sup>st</sup> of the calendar year immediately following the calendar year during which the participant died.]

PART B: Treating the IRA as the Surviving Spouse's Own IRA:

I elect to treat my deceased spouse's IRA as my own IRA. If the participant died on or after the Required Beginning Date, I understand that I must withdraw the required minimum distribution for the year of death before the balance can be transferred or rolled over to my own IRA. This rule does not apply if the required minimum amount was distributed to my spouse before the date of his or her death.

### Non-Spouse Beneficiary, complete PART C OR PART D of this Section

PART C:  The participant died before his or her Required Beginning Date:

I elect to receive my entire portion of the IRA by December 31<sup>st</sup> of the year containing the 5<sup>th</sup> anniversary of the participant's death; or,

I elect to receive my entire portion over my single life expectancy, reduced by one year thereafter. These payments are required to commence on or before the December 31<sup>st</sup> of the calendar year immediately following the calendar year during which the participant died. This election does not apply to a beneficiary that is not a "designated beneficiary", such as an estate or other entity.

PART D  The participant died on or after his or her Required Beginning Date:

I elect to receive my entire portion over the longer of my single life expectancy or the single life expectancy of the decedent, reduced by one year thereafter. These payments are required to commence on or before the December 31<sup>st</sup> of the calendar year immediately following the calendar year during which the participant died. I understand that I must withdraw the required minimum distribution for the year of death, unless the participant withdrew this minimum amount before the date of death. If the beneficiary is not a "designated beneficiary", the remaining single life expectancy of the deceased participant is reduced by one year for each year that lapses.

## SIGNATURES

I certify that I am the eligible beneficiary authorized to make these elections. The Custodian or Trustee, or any future Custodians or Trustees, may rely on these elections. I certify that all information provided by me is true and accurate and I further certify that no tax advice has been given to me by the Custodian or Trustee and that all decisions regarding the Election(s) are my own. I expressly assume the responsibility for any adverse consequences which may arise from the Election(s) and I agree that the Custodian or Trustee shall in no way be responsible for those consequences.

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

**ALL OTHER ELECTIONS INCLUDING WITHHOLDING AND THE METHOD OF DISTRIBUTION MUST BE MADE ON THE IRA DISTRIBUTION REQUEST FORM**