Reissue Non-IRA to Beneficiary Distribution Form

After reviewing the information on this form: (1) complete sections A and B; (2) enter a tax rate in section C *only* if you are electing a rate of tax withholding other than the 20% default rate; (3) complete section D; and (4) sign your request below under section E.

Please complete, sign and mail this form along with the letter of instruction (LOI) and voided check to the address found on your check document.

A. Decedent's Information:

_____ _____ - _____- _____
Name (First, M.I., Last) Social Security Number

Marital Status: ☐ Single ☐ Married: Spouse's name _____

B. Beneficiary Information: Beneficiary %:_____ State of Residence:_____

_____ ____/____/_____ _____ - _____- _____
Name (First, M.I., Last) Date of Birth Social Security Number

_____ _____ _____ _____
Street Address (Physical Address) APT # City State ZIP

C. NOTIFICATION OF ELECTION FOR PAYEES OF NONPERIODIC PAYMENTS

For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate in the space below. You may not choose a rate less than 20%.

If you do not have enough Federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

ELECTION FOR PAYEES OF NONPERIODIC PAYMENTS
Complete this line if you would like a rate of withholding that is greater than the default withholding rate of 20%.

_____% **Enter the rate greater than 20% as a whole number (no decimals)**

D. INSTRUCTIONS FOR ISSUING CHECK

Spousal Beneficiary ONLY:

☐ Issue a check in my name, subject to a default rate of 20% federal withholding (and state withholding, if applicable) unless I have specified a higher rated in Section C, above.

☐ Issue a check payable to my IRA, qualified retirement plan, 403(a), 403(b), or 457 plan as follows:
_____

Non-spousal Beneficiary:

☐ Issue a check in my name, subject to a default rate of 20% federal withholding (and state withholding, if applicable) unless I have specified a higher rated in Section C, above.

☐ Issue a check payable to my §408(d)(3)(c) Inherited IRA as follows: _____

E. SIGNATURE – I understand that there is a default rate of 20% federal tax withholding required on this distribution and, depending on my state of residency, I may also be subject to state tax withholding. I understand that I will receive IRS Form 1099-R reporting this amount. I hereby affirm that the information given is true and correct, and authorize that the distribution be made according to these instructions.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct social security number (or I am waiting for a number to be issued to me), 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 Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has 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. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.

Exemption from FATCA reporting code (if any) _____.

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 have failed to report all interest and dividends on your tax return.

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

_____ _____ _____
Signature of Account Holder Printed Name Date