

**Please Print or Type**

This form should be used by the IRA owner whenever establishing an Beneficiary IRA or submitting a withdrawal from a Beneficiary IRA.

Forward To: First Trust Retirement, c/o SS&C  
Regular Mail  
 PO Box 219422  
 Kansas City, MO 64121- 9422  
 855-387-3847

Overnight Delivery  
 Mail Stop: CION Ares  
 430 West 7th Street  
 Kansas City, MO 64105-1407

**This form should be reviewed and completed with the assistance of a financial or tax advisor.**

**Step 1: ORIGINAL IRA OWNER INFORMATION**

Original IRA Owner Name	Date of Birth	Date of Death	FTR Account Number
Address		City/State/Zip	Phone Number

**Step 2: BENEFICIARY IRA OWNER INFORMATION**

Beneficiary IRA Owner Name	Date of Birth	Relationship to Original IRA Owner	FTR Account Number
Address		City/State/Zip	Phone Number

**Step 3: BENEFICIARY ELECTION – DEATH PRIOR TO 1/1/2020**

**Original IRA Owner Died Before April 1 (RBD) of the Year Following the Owner becoming 70 ½.**

*Defaults to Life Expectancy Payments if no option is selected on multiple elections.*

**Applicable to Traditional & Roth IRA**

- |   |   |  |
|---|---|--|
| <p><b><u>NON-SPOUSE</u></b></p> <input type="checkbox"/> Payments Over 5 Years<br><input type="checkbox"/> Life Expectancy Payments | <p><b><u>SPOUSE</u></b></p> <input type="checkbox"/> Payments Over 5 Years<br><input type="checkbox"/> Life Expectancy Payments<br><input type="checkbox"/> Treat as My Own | <p><b><u>NON-INDIVIDUAL</u></b></p> <input type="checkbox"/> Payments Over 5 Years |
|---|---|--|

**Original IRA Owner Died After April 1 of the Year Following the Owner becoming 70 ½**

**Applicable to Traditional IRA only**

- |   |   |   |
|---|---|---|
| <p><b><u>NON-SPOUSE</u></b></p> <input type="checkbox"/> Life Expectancy Payments | <p><b><u>SPOUSE</u></b></p> <input type="checkbox"/> Life Expectancy Payments<br><input type="checkbox"/> Treat as My Own | <p><b><u>NON-INDIVIDUAL</u></b></p> <input type="checkbox"/> Life Expectancy Payments |
|---|---|---|

**Step 4: BENEFICIARY ELECTION – DEATH ON OR AFTER 1/1/2020**

**Original IRA Owner Died Before or After April 1 (RBD) of the Year following the Owner becoming 72, does not apply for spouse, eligible/non-eligible options.**

*Defaults to Life Expectancy Payments if no option is selected on multiple elections.*

**Applicable to Traditional & Roth IRA**

- |   |   |   |
|---|---|---|
| <p><b><u>OPTIONS FOR ALL ELIGIBLE</u></b></p> <input type="checkbox"/> Payments Over 10 Years<br><input type="checkbox"/> Life Expectancy Payments<br><small>Eligible designated beneficiary includes spouse, minor child of the IRA owner, disabled individual, chronically ill individual, or an individual who is not more than 10 years younger than the IRA owner.</small> | <p><b><u>OPTIONS FOR SPOUSE ONLY</u></b></p> <input type="checkbox"/> Payments Over 10 Years<br><input type="checkbox"/> Life Expectancy Payments<br><input type="checkbox"/> Treat as My Own | <p><b><u>NON-ELIGIBLE DESIGNATED BENEFICIARY</u></b></p> <input type="checkbox"/> Close account by the end of 10 <sup>th</sup> year <p><b><u>NON-INDIVIDUAL DESIGNATED BENEFICIARY</u></b></p> <input type="checkbox"/> Traditional IRA before RBD & Roth Payments over 5 Years<br><input type="checkbox"/> Traditional IRA after RBD: Life Expectancy Payments |
|---|---|---|

**Step 5: SIGNATURE REQUIRED**

By signing below, I certify that the information I have provided is true and correct, and I authorize the Custodian to distribute my IRA as instructed above.

\_\_\_\_\_ IRA Owner Signature \_\_\_\_\_ Date

*\* If signing as Power of Attorney, valid POA documents must be included.*