FIRST TRUST RETIREMENT

# DESIGNATED BENEFICIARY ELECTION FORM
## Invesco INREIT

**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.

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

Forward To: First Trust Retirement, c/o SS&C

*Regular Mail*
PO Box 219164
Kansas City, MO 64121-9164
855-387-3847

*Overnight Delivery*
Mail Stop: Invesco INREIT
430 West 7th Street
Kansas City, MO 64105-1407

## 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**

**NON-SPOUSE**
- ☐ Payments Over 5 Years
- ☐ Life Expectancy Payments

**SPOUSE**
- ☐ Payments Over 5 Years
- ☐ Life Expectancy Payments
- ☐ Treat as My Own

**NON-INDIVIDUAL**
- ☐ 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**

**NON-SPOUSE**
- ☐ Life Expectancy Payments

**SPOUSE**
- ☐ Life Expectancy Payments
- ☐ Treat as My Own

**NON-INDIVIDUAL**
- ☐ 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**

**OPTIONS FOR ALL ELIGIBLE**
- ☐ Payments Over 10 Years
- ☐ Life Expectancy Payments

*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.*

**OPTIONS FOR SPOUSE ONLY**
- ☐ Payments Over 10 Years
- ☐ Life Expectancy Payments
- ☐ Treat as My Own

**NON-ELIGIBLE DESIGNATED BENEFICIARY**
- ☐ Close account by the end of 10th year

**NON-INDIVIDUAL DESIGNATED BENEFICIARY**
- ☐ Traditional IRA before RBD & Roth Payments over 5 Years
- ☐ 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.*