

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 219554 Kansas City, MO 64121-9554 855-387-3847
Overnight Delivery Mail Stop: Pacific Office Properties 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

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

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

Applicable to Traditional IRA only

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

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

- | | | |
|---|---|--|
| <u>OPTIONS FOR ALL ELIGIBLE</u> | <u>OPTIONS FOR SPOUSE ONLY</u> | <u>NON-ELIGIBLE DESIGNATED BENEFICIARY</u> |
| <input type="checkbox"/> Payments Over 10 Years | <input type="checkbox"/> Payments Over 10 Years | <input type="checkbox"/> Close account by the end of 10 th year |
| <input type="checkbox"/> Life Expectancy Payments | <input type="checkbox"/> Life Expectancy Payments | |
| <i>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.</i> | <input type="checkbox"/> Treat as My Own | <u>NON-INDIVIDUAL DESIGNATED BENEFICIARY</u> |
| | | <input type="checkbox"/> Traditional IRA before RBD & Roth Payments over 5 Years |
| | | <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.*