

DESIGNATED BENEFICIARY ELECTION FORM

Peachtree Hotel Group

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 Overnight Delivery

PO Box 219505 Mail Stop: Peachtree

Kansas City, MO 64121-9505 430 West 7th Street

855-387-3847 Kansas City, MO 64105-1407

tax advisor.			
Step 1: ORIGINAL IRA OWNER INFORMATION	V		
Original IRA Owner Name	Date of Birth	Date of Death	FTR Account Number
Address	City/State/Zip		Phone Number
Step 2: BENEFICIARY IRA OWNER INFORMAT	TION		
Beneficiary IRA Owner Name	Date of Birth	Relationship to Original IRA	A Owner FTR Account Number
Address	City/State/Zip		Phone Number
Step 3: BENEFICIARY ELECTION – DEATH PRIO			
	Owner Died Before April 1 (RBD) of the		
Defau	lts to Life Expectancy Payments if no opt		ions.
	Applicable to Tradition	al & Roth IRA	
NON-SPOUSE	<u>SPOUSE</u>		NON-INDIVIDUAL
Payments Over 5 Years	Payments Over 5 Years	☐ Payr	nents Over 5 Years
☐ Life Expectancy Payments	☐ Life Expectancy Payments		
Ene Expectancy Fayments	_		
	☐ Treat as My Own		
Outside LIDA Courses Died After April 4 of the Very Fallenting the Course has a princip 70.17			
Original IRA Owner Died After April 1 of the Year Following the Owner becoming 70 ½ Applicable to Traditional IRA only			
NON SPOUSE		nai ika oniy	NON INDIVIDUAL
NON-SPOUSE	<u>SPOUSE</u>		NON-INDIVIDUAL
☐ Life Expectancy Payments	☐ Life Expectancy Payments	□ Life	Expectancy Payments
	☐ Treat as My Own		
Step 4: BENEFICIARY ELECTION – DEATH ON C	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 Tradition	al & Roth IRA	
OPTIONS FOR ALL ELIGIBLE	OPTIONS FOR SPOUS	E ONLY N	ION-ELIGIBLE DESIGNATED BENEFICIARY
Payments Over 10 Years	☐ Payments Over 10 Years	Clos	e account by the end of 10 th year
Life Expectancy Payments	☐ Life Expectancy Payments		·
Eligible designated beneficiary includes spouse, minor			
child of the IRA owner, disabled individual, chronically	☐ Treat as My Own	NON	I-INDIVIDUAL DESIGNATED BENEFICIARY
ill individual, or an individual who is not more than 10		☐ Trad	itional IRA before RBD & Roth Payments
years younger than the IRA owner.		over	5 Years
		☐ Trad	itional IRA after RBD: Life Expectancy
			nents
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.			
IR	A Owner Signature		Date
	orney, valid POA documents must be incl	uded.	- 4