

**Please Print or Type**

This form should be used by the IRA owner whenever establishing a 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 219959

Kansas City, MO 64121-9959

855-387-3847

Overnight Delivery

Mail Stop: Procaccianti

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 10<sup>th</sup> 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.*