FIRST TRUST RETIREMENT

DESIGNATED BENEFICIARY ELECTION FORM
Sierra Income Corporation

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 219731
Kansas City, MO 64121-9731
855-387-3847

Overnight Delivery
Mail Stop: Sierra
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.*