

**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 219390  
Kansas City, MO 64121-9390  
855-387-3847

Overnight Delivery

Mail Stop: The Parking REIT  
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**

- |   |   |  |
|---|---|--|
| <b><u>NON-SPOUSE</u></b>                          | <b><u>SPOUSE</u></b>                              | <b><u>NON-INDIVIDUAL</u></b>                   |
| <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**

- |   |   |   |
|---|---|---|
| <b><u>NON-SPOUSE</u></b>                          | <b><u>SPOUSE</u></b>                              | <b><u>NON-INDIVIDUAL</u></b>                      |
| <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**

- |   |   |  |
|---|---|--|
| <b><u>OPTIONS FOR ALL ELIGIBLE</u></b>  | <b><u>OPTIONS FOR SPOUSE ONLY</u></b>             | <b><u>NON-ELIGIBLE DESIGNATED BENEFICIARY</u></b>                                |
| <input type="checkbox"/> Payments Over 10 Years   | <input type="checkbox"/> Payments Over 10 Years   | <input type="checkbox"/> Close account by the end of 10 <sup>th</sup> 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          |  |
|   |   | <b><u>NON-INDIVIDUAL DESIGNATED BENEFICIARY</u></b>                              |
|   |   | <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.*