



You must complete and submit this form with the Account Application form if you are establishing an inherited or beneficiary IRA.

## 1. PERSONAL INFORMATION (\*required field)

Should IRA Services need to contact you in regards to this request, your preferred method of contact is:

Email

Primary Phone

First Name*	Middle Name	Last Name*
Account Number	Social Security Number* (last 4 digits)	Date of Birth* (MM/DD/YYYY)
Phone* XXX-XXX-XXXX	Email (Your personal email only)	

## 2. INHERITED/BENEFICIARY ACCOUNT INFORMATION

I am transferring/rolling over a beneficiary account where I am the beneficiary. I declare that the following information are the true facts and elections made at the time the account was distributed to me as beneficiary:

<sup>1</sup> Only allowed if grantor was not in distribution at the time of death

<sup>2</sup> Begun by the later of 12/31 of the year following the grantor's death or the year grantor would have been 70½

<sup>3</sup> If Grantor was in distribution at the time of death and was younger than beneficiary, then this option is required if single life expectancy payments option is chosen

<sup>4</sup> Begun by 12/31 of the year following the grantor's death

<sup>5</sup> Assumes separate accounting applies, otherwise oldest beneficiary's age must be used, please contact IRA Services if separate accounting not used

### Grantor (Decedent) Information

Name of Decedent		Account distribution status at the time of death (select one): in distribution not in distribution
Date of Birth (MM/DD/YYYY)	Date of Death (MM/DD/YYYY)	

### Beneficiary Type

I am a (select one) ...	Select election for beneficiary type:
Spousal Beneficiary	Treated as my own IRA Elect 5-year rule payout <sup>1</sup> Single life expectancy payments based on my (spouse's) age <sup>2</sup> Single life expectancy payment based on grantor's age <sup>3,4</sup>
Non-Spousal Beneficiary	Elect 5-year rule payout <sup>1</sup> Single life expectancy payments based on my (beneficiary) age not recalculated <sup>5</sup> Single life expectancy payment based on grantor's age not recalculated <sup>3,4</sup> Last Life Expectancy Factor Used: _____
Non-Person Beneficiary	5-year rule required if grantor was not in distribution at the time of death Single life expectancy payments based on grantor's age not recalculated <sup>4</sup> Last Life Expectancy Factor Used: _____

## 3. SIGNATURE

Participant Signature <b>X</b>	Date (MM/DD/YYYY)
-----------------------------------	-------------------

Please sign and submit additional documents as required.

## DELIVERY INSTRUCTIONS

**Email**  
newaccounts@IRAServices.com

**Fax**  
(650) 745-2902

**Regular mail**  
IRA Services  
PO Box 7080  
San Carlos, CA 94070-7080

**Overnight mail**  
IRA Services  
1160 Industrial Road, Unit 1  
San Carlos, CA 94070-4128