

Request for Inherited Individual Retirement Annuity

Attach 1) IRS forms W-9 and W-4P, 2) a copy of the decedent's death certificate and 3) a copy of the most recent account statement. Applicant NAME Inherited Account 2 ACCOUNT TYPE ☐ Traditional IRA ☐ Roth IRA **□** 403(b) TSA Other Qualified Plan DATE OF PURCHASE ACCOUNT NUMBER DECEDENT NAME SSN (or TIN) RELATIONSHIP TO APPLICANT BIRTH DATE DEATH DATE ZIP CODE ADDRESS AT TIME OF DEATH CITY STATE IRS Required Minimum Distribution (For payments via direct deposit, attach form 11426.) REQUESTED PAYMENT START DATE PAYMENT MODE ☐ Quarterly ☐ Semiannually ☐ Annually Monthly (Complete only if the applicant is the beneficiary of assets from an Inherited IRA account.) Has the applicant started to receive IRS Required Minimum Distributions? ☐ No ☐ Yes: Beginning Year _ YEAR Age Used for Calculation _ Was the calculation based on multiple beneficiaries? ☐ Yes: Oldest Beneficiary's Date of Birth: _ DATE OF BIRTH Previous Account Holder (Complete only if the applicant is the beneficiary of assets from a previously inherited IRA.) NAME BIRTH DATE DEATH DATE Trust Beneficiary (Complete only if applicable: A trust beneficiary may purchase an Inherited IRA only if it is qualified to do so. For a trust to qualify for an Inherited IRA it must be 1) valid under state law, 2) irrevocable and 3) name identifiable beneficiaries, who are all individuals.) I am transferring or rolling over inherited assets from an IRA or employer-sponsored retirement plan account to an Inherited IRA for the benefit of a qualifying trust. By checking this box, I certify that the trust is a qualifying, nonspouse beneficiary for the purposes of Section 402(c) of the Internal Revenue Code and is therefore eligible to directly transfer or roll over IRA or employer-sponsored plan assets to an Inherited IRA. I have attached a copy of the trust agreement (or a trustee-certification) along with a complete list of all trust beneficiaries (including contingent and remainder beneficiaries) and a description of conditions applicable to their entitlement. Authorization I have completed the applicable sections of this form and represent that all information provided is true and accurate. I understand that additional deposits will not be accepted for Inherited IRA contracts. APPLICANT SIGNATURE DATE