

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

Return by regular or overnight mail: 221 South Phillips Avenue, Suite 206, Sioux Falls, SD, 57104
For inquiries, call: 800-472-1043 or visit IRAFINANCIALTRUST.COM

A. IRA OWNER IDENTIFICATION

FULL NAME _____ PHONE NO. _____ ACCOUNT NUMBER _____

B. 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:

Grantor (Decedent) Information:

Name of Decedent: _____

Birth Date: ____ / ____ / ____ Date of Death: ____ / ____ / ____

Account distribution status at the time of death (select one): _____ in distribution _____ not in distribution

Beneficiary Type:

I am a (select one) ...	Select election for beneficiary type:
Spousal Beneficiary	Treated as my own IRA Elect 5-year rule payout ¹ Single life expectancy payments based on my (spouse's) age ² Single life expectancy payment based on grantor's age ^{3,4}
Non-Spousal Beneficiary	Elect 5 - year rule payout ¹ Single life expectancy payments based on my (beneficiary) age not recalculated ⁵ Single life expectancy payment based on grantor's age not recalculated ^{3,4} 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 ⁴ Last Life Expectancy Factor Used: _____

1. Only allowed if grantor was not in distribution at the time of death
2. Begun by the later of 12/31 of the year following the grantor's death or the year grantor would have been 70½
3. 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
4. Begun by 12/31 of the year following the grantor's death
5. Assumes separate accounting applies, otherwise oldest beneficiary's age must be used, please contact IRA Financial Trust Company if separate accounting not used

E. SIGNATURE

IRA Owner Signature: _____ Date: ____ / ____ / ____