Reissue Non-IRA to Beneficiary Distribution Form		
After reviewing the information on this form: are electing a rate of tax withholding other that below under section E.		
Please complete, sign and mail this form along on your check document.	with the letter of instruction	(LOI) and voided check to the address found
A. Decedent's Information:		
Name (First, M.I., Last)	Social S	Security Number
Marital Status: Single Married: Spou	ıse's name	
T n		
B. Beneficiary Information: Beneficiary	y %: Sta	ate of Residence:
Name (First, M.I., Last)	Date of Birth	Social Security Number
Street Address (Physical Address)	APT # City	State ZIP
	·	
C. NOTIFICATION OF ELECTION FOR		
For an eligible rollover distribution, the defaul entering the rate in the space below. You may		
If you do not have enough Federal income tax estimated tax. You may incur penalties under t not sufficient.		
ELECTION FOR PAYEES OF NONPERIO		
Complete this line if you would like a rate of v	vithholding that is greater tha	in the default withholding rate of 20%.
% Enter the rate greater than 20)% as a whole number (no	decimals)
D. INSTRUCTIONS FOR ISSUING CHECK	ζ	
Spousal Beneficiary ONLY: Issue a check in my name, subject to a default rate of 20% federal withholding (and state withholding, if applicable)		
unless I have specified a higher rated in Section C, above.		
☐ Issue a check payable to my IRA, qualified retirement plan, 403(a), 403(b), or 457 plan as follows:		
Non-spousal Beneficiary:		
☐ Issue a check in my name, subject to a default rate of 20% federal withholding (and state withholding, if applicable)		
unless I have specified a higher rated in Section C, above. Issue a check payable to my §408(d)(3)(c) Inherited IRA as follows:		
Issue a check payable to my §406(d)(3)(c)	illierited IKA as follows	
E. SIGNATURE – I understand that there is and, depending on my state of residency, I may IRS Form 1099-R reporting this amount. I her the distribution be made according to these ins	y also be subject to state tax very affirm that the information	withholding. I understand that I will receive
Under penalties of perjury, I certify that:		
The number shown on this form is my correct	social security number (or I a	am waiting for a number to be issued to me),
by the Internal Revenue Service (IRS) that I ar or dividends, or (c) the IRS has notified me that I am a U.S. citizen or other U.S. person (includent The FATCA code(s) entered on this form (if an These codes apply to persons submitting this form	m subject to backup withhold at I am no longer subject to be ding a U.S. resident alien), an ny) indicating that I am exemorm for accounts maintained	ackup withholding, and ad apt from FATCA reporting is correct.
leave this field blank.	-	•
Exemption from FATCA reporting code (if any	y)	
You must cross out item 2 above if you have b because you have failed to report all interest ar		you are currently subject to backup withholding rn.

1.

2.

3. 4.

backup withholding.

Signature of Account Holder

Date

The IRS does not require your consent to any provision of this document other than the certifications required to avoid

Printed Name