

# BENEFICIARY ROLLOVER FROM AN EMPLOYER'S PLAN TO AN INHERITED IRA

(Use for either an Inherited Traditional IRA or an Inherited Roth IRA)

## DISTRIBUTING PLAN INFORMATION

Name of Distributing Plan: \_\_\_\_\_

- Type of Plan:
- Qualified Plan (other than a Designated Roth Contribution Account) to an Inherited Traditional IRA
  - Qualified Plan Designated Roth Contribution Account to an Inherited Roth IRA
  - Qualified Plan (other than a Designated Roth Contribution Account) converted to an Inherited Roth IRA
  - §403(b) Plan (other than a Designated Roth Contribution Account) to an Inherited Traditional IRA
  - §403(b) Plan Designated Roth Contribution Account to an Inherited Roth IRA
  - §403(b) Plan (other than a Designated Roth Contribution Account) converted to an Inherited Roth IRA
  - §457(b) Governmental Plan to an Inherited Traditional IRA
  - §457(b) Governmental Plan converted to an Inherited Roth IRA
  - Federal Employee's Thrift Savings Plan to an Inherited Traditional IRA
  - Federal Employee's Thrift Savings Plan converted to an Inherited Roth IRA

- Plan Provisions:
- Participant died before RBD and the 5-year rule applied.
  - Participant died before RBD and the life expectancy rule applied.
  - Participant died after RBD and the deceased participant's remaining life expectancy applied.
  - Participant died after RBD and the beneficiary's life expectancy applied.

## DECEASED PARTICIPANT AND BENEFICIARY INFORMATION

Name of Deceased Participant: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Name of Individual Beneficiary: \_\_\_\_\_  Spouse  Nonspouse SSN: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name of Look-Through Trust Beneficiary: \_\_\_\_\_ EIN: \_\_\_\_\_

Name of Trustee of the Look-Through Trust: \_\_\_\_\_ Phone: \_\_\_\_\_

Beneficiary's Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## RECEIVING PLAN INFORMATION

1. Direct rollover is payable as follows:

Hand Benefits and Trust Company, as the Custodian for  
Name of Accepting Organization  
\_\_\_\_\_  
Beneficiary's Name and Account Number  Traditional Inherited IRA  Roth Inherited IRA

2. Amount of Direct Rollover: \$ \_\_\_\_\_;

3. Delivery instructions: Hand Benefits and Trust Company, 6 Rhoads Drive, Suite 7, Utica, NY 13502

4. Styling of the Inherited IRA: \_\_\_\_\_ as beneficiary of \_\_\_\_\_  
Name of Beneficiary Name of Deceased Participant

## BENEFICIARY CERTIFICATION AND SIGNATURE

I hereby certify that the following statements are true and correct:

1. I am the beneficiary of the above-named deceased plan participant and I am eligible to roll the assets as described above into an Inherited IRA as designated above.
2. I understand that this IRA is an Inherited IRA, that the rollover must be completed as a direct rollover if I am not the spouse, that I must satisfy the required minimum distributions in the manner identified above, and that I cannot make my own additional contributions to this Inherited IRA.
3. I certify that this rollover is an eligible rollover distribution and does not include any required minimum distributions with respect to the distributing employer's plan.
4. I am solely responsible for determining and withdrawing the amount of each year's required minimum applicable to the Inherited IRA and I understand that the IRA Custodian or Trustee will report the distributions to the Internal Revenue Service.
5. I acknowledge that, due to the complexities involved in the tax treatment of eligible rollover distributions and excise taxes applicable to the failure to satisfy required minimum distributions, the Custodian/Trustee has recommended that I consult with my tax advisor or the Internal Revenue Service before completing this rollover.
6. I hereby release the Custodian/Trustee from any claim for damages on account of the failure of this transaction to qualify as a valid beneficiary direct rollover or for any income tax or excise tax penalties that may arise.

Signature of Beneficiary: \_\_\_\_\_ Date: \_\_\_\_\_