

# INHERITED TRADITIONAL IRA ADOPTION AGREEMENT

## BENEFICIARY INFORMATION

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Beneficiary's relationship to deceased participant:  Spouse  Nonspouse

## ACCOUNT INFORMATION

Amount Transferred \$ \_\_\_\_\_

Trustee/Custodian:

**Hand Benefits & Trust Company**

Transfer Received from:

Notice of revocation must be delivered or mailed to:

Another Traditional IRA.

Direct Rollover from an Employer's Plan  
(other than a Designated Roth Contribution Account)

Contact Person's Name: **IRA Specialist**

Address: **6 Rhoads Drive, Suite 7  
Utica, NY 13502**

Phone #: **1-866-401-5271 (option 3, option 3)**

## SUBSEQUENT BENEFICIARY(IES) DESIGNATION

Primary Contingent Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ Share: \_\_\_\_\_ %

Primary Contingent Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ Share: \_\_\_\_\_ %

Primary Contingent Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ Share: \_\_\_\_\_ %

Primary Contingent Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ Share: \_\_\_\_\_ %

In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If the Primary or Contingent Beneficiary box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary. If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If any Primary or Contingent Beneficiary does not survive me, such beneficiary's interest and the interest of such beneficiary's heirs shall terminate completely, and the share for any remaining Primary or Contingent Beneficiary shall be increased on a pro rata basis.

## CONSENT OF SPOUSE

I consent to the above Beneficiary Designation.

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

(Note: Consent of the Participant's Spouse may be required in a community property or marital property state to effectively designate a beneficiary other than or in addition to the Participant's Spouse.)

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public, in and for the state of \_\_\_\_\_, parish/county of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Commission Expires:  
(affix seal here)

NOTARY PUBLIC (Type, print or stamp name) \_\_\_\_\_

Notary ID # or Bar Roll # \_\_\_\_\_

NOTARY PUBLIC (Signature) \_\_\_\_\_

Disclaimer For Community and Marital Property States: The Participant's Spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, the Custodian disclaims any warranty as to the effectiveness of the Participant's beneficiary designation or as to the ownership of the account after the death of the Participant's Spouse. For additional information, please consult your legal advisor.

## SIGNATURES

Under penalties of perjury, I certify that the above information (including my social security number) is correct. I hereby agree to participate in the Inherited Traditional Individual Retirement Trust/Custodial Account offered by the Trustee/Custodian. I acknowledge receipt of a copy of the plan document under which this Inherited Traditional Individual Retirement Account is established, a copy of this Adoption Agreement, and a copy of the Disclosure Statement with respect to this Inherited Traditional Individual Retirement Account. I direct that all benefits upon my death be paid as indicated above. In the event that this is a rollover contribution, the undersigned hereby irrevocably elects, pursuant to the requirements of Section 1.402(a)(5)-1T of the IRS regulations, to treat this contribution as a rollover contribution. If I named a beneficiary which is a Trust, I understand I must provide certain information concerning such Trust to the Trustee/Custodian.

Witness: \_\_\_\_\_ Beneficiary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attest: \_\_\_\_\_ Authorized Signature of Trustee/Custodian: \_\_\_\_\_ Date: \_\_\_\_\_