Reissue Non-IRA to Beneficiary Distribution Form

After reviewing the information on this form: (1) complete sections A and B; (2) enter a tax rate in section C only if you are electing a rate of tax withholding other than the 20% default rate; (3) complete section D; and (4) sign your request below under section E.

Please complete, sign and mail this form along with the letter of instruction (LOI) and voided check to the address found

A. Decedent's Information:			
Name (First, M.I., Las	.t)	Socia	 1 Security Number
<u>`</u>	farried: Spouse's name		
Marian Status. Single IV	farried. Spease 5 hame		
B. Beneficiary Information:	Beneficiary %:	_ S	state of Residence:
Name (First, M.I., Las	it)/	Date of Birth	Social Security Number
Street Address (Physical Address) APT #	City	State ZIP
C. NOTIFICATION OF ELEC	TION FOR PAYEES	OF NONPERI	ODIC PAYMENTS
For an eligible rollover distribution entering the rate in the space below			You can choose a rate greater than 20% by 20%.
			ution, you may be responsible for payment of our withholding and estimated tax payments are
ELECTION FOR PAYEES OF	NONPERIODIC PAY	MENTS	
Complete this line if you would li	ke a rate of withholding	that is greater th	han the default withholding rate of 20%.
% Enter the rate	greater than 20% as	s a whole num	ber (no decimals)
. INSTRUCTIONS FOR ISSUI	NG CHECK		
Spousal Beneficiary ONLY:	NG CHECK		
			thholding (and state withholding, if applicable)
☐ Issue a check payable to my I	RA, qualified retiremen	t plan, 403(a), 4	03(b), or 457 plan as follows:
Non-spousal Beneficiary:			
_ •			thholding (and state withholding, if applicable)
☐ Issue a check payable to my §	408(d)(3)(c) Inherited I	RA as follows:	
and, depending on my state of res	dency, I may also be su mount. I hereby affirm	bject to state tax	al tax withholding required on this distribution withholding. I understand that I will receive ation given is true and correct, and authorize that
Under penalties of perjury, I certif	y that:		
The number shown on this form is my correct social security number (or I am waiting for a number to be issued to me), and			
I am not subject to backup withho	(RS) that I am subject to tified me that I am no l	backup withho onger subject to	
The FATCA code(s) entered on the These codes apply to persons subm	is form (if any) indicati nitting this form for acc	ng that I am exe counts maintaine	empt from FATCA reporting is correct. End outside of the United States by certain foreign an account you hold in the United States, you man
Exemption from FATCA reporting	g code (if any)	·	
You must cross out item 2 above is because you have failed to report			t you are currently subject to backup withholding
The IRS does not require your corbackup withholding.	nsent to any provision o	f this document	other than the certifications required to avoid
Signature of Assessmt II-14	Printed	Name	Doto
Signature of Account Holder	Printed	TAILIC	Date