INHERITED IRA BENEFICIARY DESIGNATION

MOUNTAIN WEST IRA

Use this form if the Grantor's year of death is 2019 or earlier.

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You must complete and submit this form with the Account Application if you are establishing a Beneficiary or Inherited IRA.

1. PARTICIPANT INFORMATION

Your Name	Phone Number	Account Number

2. BENEFICIARY/INHERITED ACCOUNT INFORMATION

I am transferring/rolling over a beneficiary account where I am the beneficiary. I declare that the information following are the true facts and elections made at the time the account was distributed to me as a beneficiary:

Grantor (Decedent) Information:

Name of Decedent:_____

Birth Date:_____ Date of Death:_____

Decedent's Account Type (select one): ☐ Traditional IRA ☐ Roth IRA

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[5] ☐ Single life expectancy payments based on grantor's age[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[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 70 ½.
3- If Grantor was in distribution at the time of death and was younger than the 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.

3. SIGNATURE

Beneficiary Signature: _____ **Date**: _____