MOUNTAIN WEST IRA

INHERITED IRA BENEFICIARY DESIGNATION

Use this form if the Grantor's year of death is 2020 or later.

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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 10-year rule payout ☐ Single life expectancy payments based on my (spouse's) age
☐ Non-Spousal Beneficiary[1]	☐ Elect 10-year rule payout ☐ Single life expectancy payments based on my (beneficiary) age[2, 3] Last Life Expectancy Factor Used:_____
☐ Non-Person Beneficiary	☐ 5-year rule required if grantor was not in distribution at the time of death ☐ If grantor was in distribution at the time of death, single life expectancy payments based on the grantor's age are required[4] Last Life Expectancy Factor Used:_____

1- If beneficiary is a minor child, must take life expectancy payments until age of majority is reached, then must withdraw all assets within 10 years following the year the beneficiary attains the age of majority.

2- Individuals who are disabled or chronically ill as defined by the Internal Revenue Code, or less than 10 years younger than the grantor.

3- Separate accounting applies.

4- Begun by 12/31 of the year following the grantor's death.

3. SIGNATURE

Beneficiary Signature: _____ **Date**: _____