

Account Number

# **Death Benefit Distribution Form**

Plan Type: O Traditional IRA O Roth IRA O SEP IRA O Simple IRA

A copy of the death certificate is required. Do not send the original document as it will not be returned. If there are multiple beneficiaries, each beneficiary is required to complete a form.

# Step 1: Decedent's Information

Account Owner's Name:	
Plan Name:	Plan ID #:
Participant's Social Security #:	
Participant's Date of Birth:	Participant's Date of Death:

# Step 2: Beneficiary Information

Name of Beneficiary:		
Beneficiary's Social Security #/Taxpayer Identification	#:	
Beneficiary's Date of Birth:		
Address:		
City:	State:	Zip Code:
Phone #:	Email Address:	
Relationship: O Spouse Beneficiary ONon-Spouse	e Beneficiary <b>O</b> Trust	<b>O</b> Estate

**Note:** For distributions to a trust or an estate, you must enclose documentation indicating the trustee(s) or documentation appointing an executor with the required signature guarantees.

# Step 3: Death Distribution Instructions – Election

Unless the Participant's Beneficiary is an Eligible Designated Beneficiary (as defined below), the Beneficiary must take distribution of the total balance of the Participant Account by the end of the calendar year which includes the tenth (10th) anniversary of the Participant's death if the Participant's Beneficiary is an individual or a gualifying trust, or by the end of the calendar year which includes the fifth (5th) anniversary of the Participant's death if the Participant's Beneficiary is not an individual or gualifying trust.

An "Eligible Designated Beneficiary" is a Participant's Beneficiary who, on the date of the Participant's death, is (i) the Participant's surviving spouse, (ii) a child under the age of majority, (iii) disabled within the meaning of Section 72(m)(7) of the Code, (iv) chronically ill within the meaning of 7702B(c)(2) of the Code, or (v) any other person who is not more than ten (10) years younger than the Participant. For Participant's Beneficiary that is an Eligible Designated Beneficiary, the Participant Account may be distributed over the life expectancy of the Participant's Beneficiary, beginning with the year after the death of the Participant, except that, in the case of a child that the ten year rule will apply as of the date that a child attains the age of majority.

If the Participant was required to receive a required minimum distribution ("RMD") from the account for the year in which the Participant died and had not satisfied the RMD requirement prior to death, the RMD amount will be distributed to the beneficiary as a cash distribution.

#### Choose one of the following options. Please note that some options are only available to certain types of beneficiaries. Please review the paragraphs above for additional information.



#### O Option 1: Lump Sum Payout

This option liquidates 100% of the account balance. The beneficiary may elect to distribute the balance in cash or roll the balance over to an eligible account.

Spousal beneficiaries are permitted to roll over funds into a retirement account of their own. Non-spouse beneficiaries are only permitted to roll over funds into an inherited IRA that must bear the name of the deceased.

Select one option below regarding **Pretax** amounts in the account:

**Cash Distribution** (direct payment to beneficiary)

Object Rollover (roll amounts in the account over to another retirement plan or IRA)

OPartial Cash Distribution/Partial Direct Rollover (select one option below):

- O Cash Distribution of \$\_\_\_\_\_\_(gross amount); roll over the remainder.
- O Roll over \$ (gross amount); cash distribution for the remainder.

Select one option below regarding **Roth** amounts in the account:

**Cash Distribution** (direct payment to beneficiary)

Object Rollover (roll amounts in the account over to another retirement plan or IRA)

#### **OPartial Cash Distribution/Partial Direct Rollover** (select one option below):

O Cash Distribution of \$\_\_\_\_\_(gross amount); roll over the remainder.

O Roll over \$ \_\_\_\_\_(gross amount); cash distribution for the remainder.

# Step 3: Death Distribution Instructions - Election cont'd.

### **O Option 2:** Life Expectancy Method

This option liquidates the account balance in installments over the life expectancy of the beneficiary. Selecting this option will automatically begin the life expectancy payments the year following the death of the account owner.

Life expectancy installment payments are calculated in January of each year using the Internal Revenue Service life expectancy table for Single Life Expectancy. The life expectancy factor used is based on the beneficiary's age at the end of the year following the Participant's death and is reduced by one for each subsequent year.

This option is only available to a Participant's Beneficiary who, on the date of the Participant's death, is (i) the Participant's surviving spouse, (ii) a child under the age of majority, (iii) disabled within the meaning of Section 72(m)(7) of the Code, (iv) chronically ill within the meaning of 7702B(c)(2) of the Code, or (v) any other person who is not more than ten (10) years younger than the Participant.

Installment distributions are processed on or about the 15th day of applicable months. Quarterly installment distributions are processed in March, June, September, and December. Annual installment distributions are processed in October if no other month is indicated.

Select one option below:

	<b>OMonthly installment distributions</b> beginning with the month of	, 20
	<b>Oquarterly installment distributions</b> beginning (select one):	
	O March 20	
	OJune 20	
	OSeptember 20	
	ODecember 20	
	<b>O</b> Annual installment distributions to be paid in the month of	, beginning in 20
0	Option 3: Treat IRA as Your Own (Spouses only)	
	This option transfers 100% of the balance to an IRA account registered in your name. Complete the ap the IRA account prior to submission of the distribution request.	plicable enrollment form to establish
	<b>O</b> Transfer only, no RMD is required at this time	
	O PCS/Aspire to calculate the RMD based on the surviving spouse's age	
	Installment distributions are processed on or about the 15th day of applicable months. Quarterly instal	Iment distributions are processed in
	March, June, September, and December. Annual installment distributions are processed in October if n	no other month is indicated.
	Select one option below:	
	<b>OMonthly installment distributions</b> beginning with the month of	, 20
	<b>Oquarterly installment distributions</b> beginning (select one):	
	O March 20	
	OJune 20	
	OSeptember 20	
	O December 20	
	OAnnual installment distributions to be paid in the month of 20	, beginning in

### O Option 4: 5-Year or 10-Year Installment Method

This option liquidates the account balance in installments over a period of 5 years or 10 years. The account balance at the time of the initial installment will be divided into equal payments to be paid out over the applicable number of years. Market fluctuation and other factors may cause the final payment(s) to be larger or smaller than initial payments or may be \$0.00 if all assets in the account have been paid out. The final scheduled payment will include all assets remaining in the account at that time.

Installment distributions are processed on or about the 15th day of applicable months. Quarterly installment distributions are processed in March, June, September, and December. Annual installment distributions are processed in October if no other month is indicated.

Select one option below:

O5-Year Installment Payments

**O10-Year Installment Payments** (only available if the beneficiary is an individual or a qualifying trust)

Select one option below:

# Step 4: Income Tax Withholding

Withholding will only apply to the portion of your distribution that is included in your income subject to federal income tax. There will be no withholding on the return of after tax and Roth contributions. If you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. If you do not make an election below, default tax withholding will apply.

# **Federal Tax Withholding**

Taxable distributions from IRAs are subject to voluntary federal income tax withholding at a rate of 10%. To request a different withholding amount or zero withholding, please mark the box below and submit a completed Form W-4R with this form.

I want federal income tax withholding at a different rate than the default rate and am including a completed Form W4-R with this form.

# **State Tax Withholding**

The taxable portion of this payment may also be subject to state income tax withholding. If you do not make an election below, state income taxes will automatically be withheld if required by your state's law. Note: If state income taxes are not withheld, you are liable for payment of state income tax on this distribution. If your payment of estimated tax withholding is not adequate, the unpaid portion may also be subject to tax penalties under the estimated tax payment rules in certain states.

• Withhold the following amount \_\_\_\_\_% (Amount cannot be less than minimum required by state for states that require withholding.)

O Do not withhold (Allowed only for states with optional withholding)

These states require mandatory state withholding. You cannot opt out of state income tax withholding for these states: Arkansas (AR), Washington DC (DC). Iowa (IA), Kansas (KS), Massachusetts (MA), Maine (ME), Maryland (MD), Michigan (MI), Nebraska (NE), Oklahoma (OK), Virginia (VA), and Vermont (VT).

# Step 5: Payment Method

Checks will be sent via U.S. mail. If overnight mail option is selected, a physical address must be provided. Provide instructions as requested below:



**Option 1:** Cash Distributions

Check will be made payable to the beneficiary and sent to the address provided in Section 2.

O Send check via overnight mail. A fee of \$35 applies.

#### For Installment Distributions Only:

To have installment distributions sent via ACH rather than as a check, please provide ACH instructions as requested below.

	ank Name:			
Ci			Zip Code:	
9-	Digit Routing/ABA #:			
De	eposit to Account #:			
Na		eficiary's name must be on deposit account.)		
Ac	ccount Type: ${\sf O}$ Checking ${\sf O}$	Savings		
0 0	ption 2: Direct Rollover to Retiren	nent Plan/IRA		
	• Spousal beneficiaries are permitted to roll over funds into a retirement account of their own. Non-spouse beneficiaries are only permitted to ro over funds into an inherited IRA that must bear the name of the deceased.			
Tr	<b>Fraditional Account</b> (Pre-tax only — non-Roth after-tax amounts will be paid to Beneficiary.)			
С	) Send check via overnight mail.	Must be physical address. A fee	of \$35 applies.	
	IRA or Plan Name:			
	Make Check Payable to:			
	Address:			
	City:	State:	Zip Code:	
	IRA or Plan Account #:			
Ro	IRA or Plan Account #:			
Ro	oth Account	Must be physical address. A fee o	of \$35 applies.	
Ro	<b>oth Account</b> ) Send check via overnight mail.	Must be physical address. A fee		
Ro	<b>oth Account</b> ) Send check via overnight mail. Roth or IRA Plan Name:	Must be physical address. A fee o	of \$35 applies.	
Ro	<ul> <li>bth Account</li> <li>Send check via overnight mail.</li> <li>Roth or IRA Plan Name:</li> <li>Make Check Payable to:</li> </ul>	Must be physical address. A fee o		

# Step 6: Authorization

## **Beneficiary Signature**

I understand that, in accordance with federal regulations, my benefit cannot be paid until at least 30 days after the date I receive a Special Tax Notice. By signing below, I am acknowledging that I received a Special Tax Notice at least 30 days prior to my signing this form or I am waiving the 30-day requirement so that my distribution can be processed without waiting for the expiration of the 30-day period.

I hereby affirm that the information given is true and correct, and I authorize and direct the custodian to make distributions according to the instructions provided on this form. In addition, by signing this form, I understand and acknowledge that deceased participant's former employer may be required to execute any and all other documents, and to provide and/or share any and all other information necessary to comply with the applicable section of the Internal Revenue Code and the final regulations promulgated thereunder. I acknowledge I will be charged a Distribution Fee. Recurring distribution may be subject to an additional fee.



**W-4R** 

Department of the Treasury

Internal Revenue Service

### Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

Give Form W-4R to the payer of your retirement payments.

OMB No. 1545-0074

2025

1a First name and middle initial

Last name

1b Social security number

Address

City or town, state, and ZIP code

Your withholding rate is determined by the type of payment you will receive.

• For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.

• For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2	Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information.		
	Enter the rate as a whole number (no decimals)	2	%

Sign Here

Your signature (This form is not valid unless you sign it.)

### **General Instructions**

Section references are to the Internal Revenue Code.

**Future developments.** For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to *www.irs.gov/FormW4R*.

**Purpose of form.** Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular

intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Date

**Caution:** If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

### 2025 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
15,000	10%	30,000	10%	22,500	10%
26,925	12%	53,850	12%	39,500	12%
63,475	22%	126,950	22%	87,350	22%
118,350	24%	236,700	24%	125,850	24%
212,300	32%	424,600	32%	219,800	32%
265,525	35%	531,050	35%	273,000	35%
641,350*	37%	781,600	37%	648,850	37%

\* If married filing separately, use \$390,800 instead for this 37% rate.

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

### **General Instructions** (continued)

**Nonperiodic payments—10% withholding.** Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering "-0-" on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including "-0-") on any payments to be delivered outside the United States and its territories.

**Note:** If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2025, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

#### Eligible rollover distributions—20% withholding.

Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including "-0-"). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

• Qualifying "hardship" distributions;

• Distributions required by federal law, such as required minimum distributions;

• Distributions from a pension-linked emergency savings account;

- Eligible distributions to a domestic abuse victim;
- · Qualified disaster recovery distributions;
- Qualified birth or adoption distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—* 10% withholding above.

**Payments to nonresident aliens and foreign estates.** Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

**Tax relief for victims of terrorist attacks.** If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter "-0-" on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

### **Specific Instructions**

#### Line 1b

For an estate, enter the estate's employer identification number (EIN) in the area reserved for "Social security number."

### Line 2

**More withholding.** If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

**Less withholding (nonperiodic payments only).** If permitted, you may enter a lower rate on line 2 (including "-0-") if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter "-0-".

**Suggestion for determining withholding.** Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

**Examples.** Assume the following facts for *Examples 1* and 2. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

**Example 1.** You expect your total income to be \$65,000 without the payment. Step 1: Because your total income without the payment, \$65,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$85,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Because these two rates are the same, enter "22" on line 2.

**Example 2.** You expect your total income to be \$61,000 without the payment. Step 1: Because your total income without the payment, \$61,000, is greater than \$26,925 but less than \$63,475, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$81,000, is

greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. The two rates differ. \$2,475 of the \$20,000 payment is in the lower bracket (\$63,475 less your total income of \$61,000 without the payment), and \$17,525 is in the higher bracket (\$20,000 less the \$2,475 that is in the lower bracket). Multiply \$2,475 by 12% to get \$297. Multiply \$17,525 by 22% to get \$3,856. The sum of these two amounts is \$4,153. This is the estimated tax on your payment. This amount corresponds to 21% of the \$20,000 payment (\$4,153 divided by \$20,000). Enter "21" on line 2.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.