



You must complete and submit this form with the Account Application form if you are establishing an inherited or beneficiary IRA.

1. PERSONAL INFORMATION (*required field)

Should Forge Trust Co. need to contact you in regards to this request, your preferred method of contact is:

Email

Primary Phone

First Name*	Middle Name	Last Name*
Account Number	Social Security Number* (last 4 digits)	Date of Birth* (MM/DD/YYYY)
Phone* XXX-XXX-XXXX	Email (Your personal email only)	

2. INHERITED/BENEFICIARY ACCOUNT INFORMATION

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

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 70½

³ If Grantor was in distribution at the time of death and was younger than 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, please contact Forge Trust Co. if separate accounting not used

Grantor (Decedent) Information

Name of Decedent	Account distribution status at the time of death (select one):	
Date of Birth (MM/DD/YYYY)	Date of Death (MM/DD/YYYY)	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 See Through Trust	Elect 5-year rule payout ¹ Single life expectancy payments based on my (beneficiary) age not recalculated ⁵ Single life expectancy payment based on grantor's age not recalculated ^{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 not recalculated ⁴ Last Life Expectancy Factor Used: _____

3. SIGNATURE

Participant Signature X	Date (MM/DD/YYYY)
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Please sign and submit additional documents as required.

DELIVERY INSTRUCTIONS

Email
newaccounts@ForgeTrust.com

Fax
(650) 745-2902

Regular mail
Forge Trust Co.
PO Box 7080
San Carlos, CA 94070-7080

Overnight mail
Forge Trust Co.
1160 Industrial Road, Suite 1
San Carlos, CA 94070-4128