



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 72

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

⁶ Required if Grantor passed away on or after 01/01/2020.

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} Mandated 10-year distribution ⁶ 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 Mandated 10-year distribution ⁶ Last Life Expectancy Factor Used: _____ |

3. SIGNATURE

| | |
|-----------------------------------|-------------------|
| Participant Signature X | Date (MM/DD/YYYY) |
|-----------------------------------|-------------------|

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