

Contact Center: (800) 248-8447 | www.ForgeTrust.com

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:

<sup>1</sup> Only allowed if grantor was not in distribution at the time of death

<sup>2</sup> Begun by the later of 12/31 of the year following the grantor's death or the year grantor would have been 73

<sup>3</sup> 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

<sup>4</sup> Begun by 12/31 of the year following the grantor's death

<sup>5</sup> Assumes separate accounting applies, otherwise oldest beneficiary's age must be used, please contact Forge Trust Co. if separate accounting not used

<sup>6</sup> 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 <sup>1</sup> Single life expectancy payments based on my (spouse's) age <sup>2</sup> Single life expectancy payment based on grantor's age <sup>3,4</sup>
Non-Spousal Beneficiary See Through Trust	Elect 5-year rule payout <sup>1</sup> Single life expectancy payments based on my (beneficiary) age not recalculated <sup>5</sup> Single life expectancy payment based on grantor's age not recalculated <sup>3,4</sup> Mandated 10-year distribution <sup>6</sup> 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 <sup>4</sup> Mandated 10-year distribution <sup>6</sup> Last Life Expectancy Factor Used: _____

## 3. SIGNATURE

Participant Signature <b>X</b>	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 6850  
San Mateo, CA 94403

**Overnight mail**  
Forge Trust Co.  
3050 S Delaware Street, Ste. 202  
San Mateo, CA 94403