ForgeTrust

INHERITED IRA FORM

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 Only	Date of Birth* (MM/DD/YYYY)
Phone* XXX-XXX-XXXX	Email (Your personal email only)	

2. INHERITED/BENEFICIARY ACCOUNT INFORMATION (*required field)

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 73

[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	Date (MM/DD/YYYY)
X	

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 2048
San Francisco, CA 94126

Overnight mail
Forge Trust Co.
4 Embarcadero Ctr, Floor 15
San Francisco, CA 94111

©2026 Forge Trust Co.