

INCOMING BENEFICIARY ACCOUNT TRANSFER

CID#: 951914215
Financial Organization Name: SOUTH BAY CREDIT UNION

Organization Contact Name: Member Service
Telephone Number: 310-374-3436

DECEASED OWNER AND BENEFICIARY INFORMATION

DECEASED OWNER INFORMATION
Name: _____
Address: _____
City, State, Zip: _____
Social Security Number _____ Date of Birth (MM/DD/YYYY) _____
Date of Death (MM/DD/YYYY) _____

BENEFICIARY INFORMATION
Name: _____
Address: _____
City, State, Zip: _____
Social Security Number _____ Date of Birth (MM/DD/YYYY) _____
or Federal Tax ID Number (for an Other beneficiary only)
Relationship to Deceased Owner: Spouse Nonspouse Other

BENEFICIARY TRANSFER INFORMATION

Type of Sending Account: Traditional IRA Roth IRA Qualified Retirement Plan Designated Roth Account SIMPLE IRA
Type of Receiving Account: Traditional IRA Roth IRA SIMPLE IRA
Amount of Transfer Contribution: \$ _____ Date Money Left Other Plan: _____ (MM/DD/YYYY)
Type of Contribution: _____ Date Money Entered IRA: _____ (MM/DD/YYYY)

PAYMENT OPTION

The following options are available to all beneficiaries. The options below are available if the criterion specified is applicable.

Payments over _____ years, not to exceed life expectancy. Payments over the deceased owner's life expectancy (Only available for Traditional IRAs where the owner died on or after 4/1 of the 71½ year)

Payments of \$ _____ per payment, or my RMD, whichever is more. Payments over five years. The final payment must occur by December 31 of the fifth year after the death. (Only available for Traditional IRAs where the owner died before 4/1 of the 71½ year, or Roth IRA owners of any age)

The beneficiary will be responsible for determining and withdrawing the required payment from an IRA each year. Payments over the oldest designated beneficiary's life expectancy (Only available if a separate account was not established by September 30 of the year after the owner's death)
Payment Start Date: _____ (MM/DD/YYYY) Designated Beneficiary's Date of Birth: _____ (MM/DD/YYYY)

Select a frequency for your payments. Payments over the beneficiary's life expectancy (Only available if a separate account was established by September 30 of the year after the owner's death)

Annually Semi-annually Quarterly Monthly

PAYMENT METHOD

Check only one. 1. I want to receive payments by check.
 2. Deposit payments directly into my account at the current financial organization. Account # _____

PAYMENT WITHHOLDING ELECTION

Make a withholding election. (See the Withholding Notice for details.)
FEDERAL WITHHOLDING (Check only one)
 1. Withhold 10% federal income tax from my payment(s).
 2. Do not withhold federal income tax from my payment(s).
 3. Withhold _____% federal income tax from my payment(s). (Must be greater than 10%)
Complete the *State Income Tax Withholding Election* (Form 2312) if applicable.

BENEFICIARY'S SIGNATURE

I have read the Withholding Notice.
X _____
Beneficiary's Signature Date (MM/DD/YYYY)

ACCEPTANCE

(For financial organization use only)
This financial organization hereby establishes an IRA under the terms of the IRA Agreement for the beneficiary, but in the name of the deceased owner.
SOUTH BAY CREDIT UNION X _____
Financial Organization Name Authorized Financial Organization Representative Signature