

BENEFICIARY ROLLOVER FROM AN EMPLOYER'S PLAN TO AN INHERITED IRA

(Use for either an Inherited Traditional IRA or an Inherited Roth IRA)

DISTRIBUTING PLAN INFORMATION

Name of Distributing Plan: _____

- Type of Plan:
- ☐ Qualified Plan (other than a Designated Roth Contribution Account) to an Inherited Traditional IRA
 - ☐ Qualified Plan Designated Roth Contribution Account to an Inherited Roth IRA
 - ☐ Qualified Plan (other than a Designated Roth Contribution Account) converted to an Inherited Roth IRA
 - ☐ §403(b) Plan (other than a Designated Roth Contribution Account) to an Inherited Traditional IRA
 - ☐ §403(b) Plan Designated Roth Contribution Account to an Inherited Roth IRA
 - ☐ §403(b) Plan (other than a Designated Roth Contribution Account) converted to an Inherited Roth IRA
 - ☐ §457(b) Governmental Plan to an Inherited Traditional IRA
 - ☐ §457(b) Governmental Plan converted to an Inherited Roth IRA
 - ☐ Federal Employee's Thrift Savings Plan to an Inherited Traditional IRA
 - ☐ Federal Employee's Thrift Savings Plan converted to an Inherited Roth IRA

- Plan Provisions:
- ☐ Participant died before RBD and the 5-year rule applied.
 - ☐ Participant died before RBD and the life expectancy rule applied.
 - ☐ Participant died after RBD and the deceased participant's remaining life expectancy applied.
 - ☐ Participant died after RBD and the beneficiary's life expectancy applied.

DECEASED PARTICIPANT AND BENEFICIARY INFORMATION

Name of Deceased Participant: _____ Date of Death: _____

Name of Individual Beneficiary: _____ ☐ Spouse ☐ Nonspouse SSN: _____ Birth date: _____

Name of Look-Through Trust Beneficiary: _____ EIN: _____

Name of Trustee of the Look-Through Trust: _____ Phone: _____

Beneficiary's Residence Address: _____ Phone: _____

RECEIVING PLAN INFORMATION

1. Direct rollover is payable as follows: ☐ Traditional Inherited IRA
Hand Benefits and Trust Company, as the Custodian for _____ ☐ Roth Inherited IRA
Beneficiary's Name and Account Number
2. Amount of Direct Rollover: \$ _____;
3. Delivery instructions: **Hand Benefits and Trust Company, 126 Business Park Drive, Building 2, Utica, NY 13502**
4. Styling of the Inherited IRA: _____ as beneficiary of _____
Name of Beneficiary Name of Deceased Participant

BENEFICIARY CERTIFICATION AND SIGNATURE

☐ I hereby certify that the following statements are true and correct:

1. I am the beneficiary of the above-named deceased plan participant and I am eligible to roll the assets as described above into an Inherited IRA as designated above.
2. I understand that this IRA is an Inherited IRA, that the rollover must be completed as a direct rollover if I am not the spouse, that I must satisfy the required minimum distributions in the manner identified above, and that I cannot make my own additional contributions to this Inherited IRA.
3. I certify that this rollover is an eligible rollover distribution and does not include any required minimum distributions with respect to the distributing employer's plan.
4. I am solely responsible for determining and withdrawing the amount of each year's required minimum applicable to the Inherited IRA and I understand that the IRA Custodian or Trustee will report the distributions to the Internal Revenue Service.
5. I acknowledge that, due to the complexities involved in the tax treatment of eligible rollover distributions and excise taxes applicable to the failure to satisfy required minimum distributions, the Custodian/Trustee has recommended that I consult with my tax advisor or the Internal Revenue Service before completing this rollover.
6. I hereby release the Custodian/Trustee from any claim for damages on account of the failure of this transaction to qualify as a valid beneficiary direct rollover or for any income tax or excise tax penalties that may arise.

Signature of Beneficiary: _____ Date: _____

