

ORIGINAL IRA OWNER'S INFORMATION

The following IRA owner has passed. I am requesting that you transfer ownership of the inherited proceeds to me as surviving spouse.

ORIGINAL IRA OWNER'S NAME: _____
FIRST NAME MIDDLE INITIAL LAST NAME

ORIGINAL IRA OWNER'S ACCOUNT NUMBER: _____ ROTH IRA *TRADITIONAL IRA / SEP IRA / SIMPLE IRA

**For Traditional, SEP and SIMPLE IRAs - If the IRA owner's death occurred on or after their required beginning date¹ for Required Minimum Distributions (RMD) and they had not distributed their RMD amount due for the year of death, the custodian will distribute the RMD to the beneficiary(ies) prior to establishing an inherited IRA unless you certify it was already satisfied from another IRA*

As the designated beneficiary, trustee, executor, or personal representative I certify that the IRA owner's RMD, due in the year of death, has been satisfied.

¹ Required Beginning Date is April 1 of the year after the year the owner turned age 70 ½ for owners born before July 1, 1949.
Required Beginning Date is April 1 of the year the owner reaches age 73 for owners born on or after July 1, 1949.

DECEDENT'S BIRTH DATE: _____ **DECEDENT'S DATE OF DEATH:** _____

CHECK ALL THAT APPLY:

- DEATH CERTIFICATE IS: ATTACHED or WAS PROVIDED UNDER SEPARATE COVER
- IF APPLICABLE, A NOTARIZED AFFIDAVIT OF DOMICILE ("AOD"): IS ATTACHED or WAS PROVIDED UNDER SEPARATE COVER
- IF APPLICABLE, AN INHERITANCE TAX WAIVER: IS ATTACHED or WAS PROVIDED

SPOUSE/BENEFICIARY INFORMATION

I am entitled to the assets as the designated spouse beneficiary or if no beneficiary is on record I affirm I was married to the owner on the date of their death and under the terms of the beneficiary default provisions. **(Please print)**

FIRST NAME MIDDLE INITIAL LAST NAME

STREET CITY STATE ZIP
DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

INHERITANCE ELECTION – PLEASE READ ALL OPTIONS CAREFULLY. (SELECT EITHER A, B OR C)

- A. **I CHOOSE TO TREAT THE IRA AS MY OWN (Choose either option 1 or 2 below)** – I understand future distributions from my IRA will be reported on IRS Form 1099-R as a distribution to me based on my age and may be subject to withholding based on previous withholding elections (if any) on file and that I may provide withholding elections in writing. I understand an IRA Distribution Request form may be required for certain distributions.
1. Establish an IRA in my name with the attached **TOUCHSTONE COMBINED IRA ACCOUNT APPLICATION AND ADOPTION AGREEMENT** transferring the inherited assets into the same investment fund(s). *(Exchange privileges are available once the transfer is complete.)*
 2. Transfer the inherited proceeds into my existing **TOUCHSTONE** Traditional IRA or Roth IRA Account Number: _____ into the same investment fund(s). *(Exchange privileges are available once the transfer is complete.)*

- B. **ESTABLISH AN INHERITED IRA ACCOUNT** - for the purpose of maintaining the inherited proceeds for life expectancy, systematic, partial, or future year inheritance distributions. I understand that all distributions from the inherited IRA will be reported on IRS Form 1099-R as a death distribution (Code 4), under my name and Social Security Number.

Please attach the **TOUCHSTONE INHERITED IRA FOR NON-SPOUSE, TRUST, ESTATE OR ENTITY APPLICATION AND ADOPTION AGREEMENT** completing the Inherited IRA DESIGNATED BENEFICIARY (A PERSON) and indicate SPOUSE BENEFICIARY ELECTING TO BE TREATED AS A BENEFICIARY. Your inherited proceeds will be transferred into the same investment fund(s). *(Exchange privileges are available once the transfer is complete.)*

Note: To establish required minimum life expectancy distributions, also complete the **TOUCHSTONE INHERITED IRA DISTRIBUTION REQUEST FORM**.

- C. **LIQUIDATE IN FULL (entire balance)** as a reportable distribution. I understand that the distribution will be reported on IRS Form 1099-R as a death distribution (Code 4), under my name and Social Security Number. I understand the custodian will issue a check payable to me that will be mailed to the beneficiary street address provided previously unless I provide alternate delivery instructions below by completing option 1 or 2 below:

1. **TRANSFER FUNDS ELECTRONICALLY VIA ACH*** - *(voided check or savings deposit slip required)* Checking Savings

NAME OF INSTITUTION: _____
BANK ROUTING NUMBER: _____ BANK ACCOUNT NUMBER: _____
BANK ACCOUNT REGISTRATION: _____
***THE BANK ACCOUNT REGISTRATION MUST INCLUDE YOUR NAME**
BANK ACCOUNT ADDRESS: _____
PO BOX or STREET

CITY STATE ZIP

2. MAIL A CHECK TO AN ALTERNATE PAYEE AND / OR AN ALTERNATE ADDRESS

ALTERNATE PAYEE: _____

ALTERNATE ADDRESS: _____
PO BOX or STREET

CITY STATE ZIP

TAX WITHHOLDING

Federal Withholding: Federal income tax will be withheld at the rate of 10% from any distribution, subject to the IRS withholding rules, unless you elect or have previously elected out of withholding. Tax will be withheld on the gross amount of the payment even though you may be receiving amounts that are not subject to withholding because they are excluded from gross income. This withholding procedure may result in excess withholding on the payments. If you elect to have no federal taxes withheld from your distribution, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

Please select one of the following:

- Do not withhold federal income tax. (This option is only available for accounts registered with an address in the United States.)
- Withhold 10% federal income tax
- Withhold _____% federal income tax (must be more than 10%)

State Withholding: Your state of residence will determine your state income tax withholding requirements, if any. Those states with mandatory withholding may require state income tax to be withheld from payments if federal income taxes are withheld or may mandate a fixed amount regardless of your federal tax election. Voluntary states let individuals determine whether they want state taxes withheld. Some states have no income tax on retirement payments. Please consult with a tax advisor or your state's tax authority for additional information on your state requirements.

- I elect **NOT TO** have state income tax withheld from my retirement account distributions (only for residents of states that do not require mandatory state tax withholding).
- I elect **TO** have the following dollar amount or percentage withheld from my retirement account distribution for state income taxes (for residents of states that allow voluntary state tax withholding). \$ _____ or _____ %

SIGNATURE (Required)

I certify that on the date of the death of the owner of the IRA Account we were legally married, and I am authorized to make these elections and that all information provided is true and accurate. I further certify that the Custodian, Touchstone], or any agent of either of them has given no tax or legal advice to me, and that all decisions regarding the elections made on this form are my own. The Custodian is hereby authorized to act as instructed. The Custodian may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences, which may arise from the election(s) and agree that the Custodian, Touchstone, and their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form.

Substitute W-9 - Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, and
2. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding; or
 - b. I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or
 - c. The IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions found at www.irs.gov).
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Cross out item 2 above if the IRS has notified you that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X Signature _____ Date _____

***MEDALLION GUARANTEE**

***MEDALLION STAMP**

***MEDALLION STAMP IS REQUIRED TO TRANSFER OWNERSHIP**

Medallion Signature Guarantee Stamp and Signature (If required): An eligible guarantor is a domestic bank or trust company, securities broker/dealer, clearing agency or savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (known as STAMP), Stock Exchanges Medallion Program (SEMP), and the Medallion Signature Program (MSP). A notarization from a notary public is NOT an acceptable substitute for a signature guarantee.

Beneficiary capacity is maintained by the custodian as part of the original IRA owner's account records and the guarantor is not certifying the beneficiary status.

Mail to the following:

First Class Mail:

Overnight Mail:

Customer Service:

Touchstone Investments
P.O. Box 9878
Providence, RI 02940

Touchstone Investments
4400 Computer Drive
Westborough, MA 01581

800-543-0407