



Beneficiary Distribution Election

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IRA Holder Information (deceased)

First Name	M.I.	Last Name	IRA Account #	Social Security Number / Tax ID	DOB/UAD Date
Type of IRA:					
Traditional IRA	Roth IRA	SIMPLE IRA	SEP IRA		

Beneficiary Information *If Multiple Beneficiaries, list this Beneficiary's Percentage: (a separate form must be complete for each) _____ %*

This section should be completed by a beneficiary making a distribution election. **DO NOT** use this section to name or change your beneficiary(ies).

Beneficiary First Name	M.I.	Beneficiary Last Name	Relationship	Social Security Number / Tax ID	DOB/UAD Date
Email		Home Phone	Work Phone	Mobile Phone	
Address			City	State	Zip Country

Beneficiary Election

Beneficiaries of IRAs may elect how to receive the proceeds. An IRA Distribution form must be completed for all distribution's requests. Select one of the payment options below.

Traditional IRA Options

<p>1a. Surviving Spouse Beneficiary</p> <p><input type="checkbox"/> Treat as Own Transfer to my Siebert IRA A/C #</p> <p>_____</p> <p><i>I understand I must withdraw the Required Minimum Distribution if the descendant was over 70 ½ and did not withdraw this amount before the date of death.</i></p> <p align="center">- OR -</p> <p><input type="checkbox"/> Journal to an Inherited IRA. Siebert A/C #</p> <p>_____</p> <p><i>If selected, please choose one of the following:</i></p> <p><input type="checkbox"/> 5 Year Payment (If Date of Death Prior 1/1/2020) I elect to deplete the IRA balance by December 31st of the year containing the 5th anniversary of the IRA holder's death.</p> <p><input type="checkbox"/> 10 Year Payment (If Date of Death on or After 1/1/2020) I elect to deplete the IRA balance by December 31st of the year containing the 10th anniversary of the IRA holder's death.</p> <p><input type="checkbox"/> Life Expectancy Payments. I elect to begin distributions as a beneficiary over my single life expectancy, redetermined annually. These payments are required to begin the later of Dec 31st of the calendar year during which the account owner would have attained age 70 ½ or Dec 31st of the calendar year immediately following the calendar year during which the account owner died.</p> <p><input type="checkbox"/> Total Distribution Must complete an IRA Distribution Form.</p>	<p>2a. Non-Spouse Beneficiary</p> <p><input type="checkbox"/> Journal to an Inherited IRA Siebert A/C #</p> <p>_____</p> <p><i>If selected, please choose one of the following:</i></p> <p><input type="checkbox"/> 5 Year Payment (If Date of Death Prior 1/1/2020) I elect to deplete the IRA balance by December 31st of the year containing the 5th anniversary of the IRA holder's death.</p> <p><input type="checkbox"/> 10 Year Payment (If Date of Death on or After 1/1/2020) I elect to deplete the IRA balance by December 31st of the year containing the 10th anniversary of the IRA holder's death.</p> <p><input type="checkbox"/> Life Expectancy Payments I elect to deplete the entire IRA balance over my single life expectancy, reduced by one year thereafter. These payments are required to begin Dec 31st of the calendar year immediately following the calendar year during which the account owner died.</p> <p><input type="checkbox"/> Total Distribution Must complete an IRA Distribution Form</p>	<p>3a. Non-Person Beneficiary (Estate)</p> <p><input type="checkbox"/> Journal to an Inherited IRA Siebert A/C #</p> <p>_____</p> <p><i>If selected, please choose one of the following:</i></p> <p><input type="checkbox"/> 5 Year Payment (If Date of Death Prior 1/1/2020) I elect to deplete the IRA balance by December 31st of the year containing the 5th anniversary of the IRA holder's death.</p> <p><input type="checkbox"/> 10 Year Payment (If Date of Death on or After 1/1/2020) I elect to deplete the IRA balance by December 31st of the year containing the 10th anniversary of the IRA holder's death.</p> <p><input type="checkbox"/> Total Distribution Must complete an IRA Distribution Form.</p>
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Roth IRA Options

<p>1 Treat as Own (Available to Spouse only)</p> <p><input type="checkbox"/> Transfer to my Siebert IRA A/C #</p> <p>_____</p>	<p>2a. Journal to a Roth Inherited IRA.</p> <p><input type="checkbox"/> Siebert A/C #</p> <p>_____</p> <p><i>If selected, please choose one of the following:</i></p> <p><input type="checkbox"/> 5 Year Payment (If Date of Death Prior 1/1/2020) I elect to deplete the IRA balance by December 31st of the year containing the 5th anniversary of the IRA holder's death.</p> <p><input type="checkbox"/> 10 Year Payment (If Date of Death on or After 1/1/2020) I elect to deplete the IRA balance by December 31st of the year containing the 10th anniversary of the IRA holder's death.</p> <p><input type="checkbox"/> Life Expectancy Payments I elect to deplete the entire IRA balance over my single life expectancy, reduced by one year thereafter.</p> <p>These payments are required to begin Dec. 31st of the calendar year immediately following the calendar year during which the account owner died.</p> <p><input type="checkbox"/> Total Distribution Must complete an IRA Distribution Form</p>
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Muriel Siebert & Co., Inc. Account Agreements

I certify that as the beneficiary or representative of the beneficiary, I am authorized to make these elections. Muriel Siebert & Co., Inc. may rely on these elections. I certify that all information provided by me is true and accurate and I further certify that no tax advice has been given to me by Muriel Siebert & Co., Inc. and that all decisions regarding the election(s) are my own. I expressly assume the full responsibility for any adverse consequences which may arise from the election(s) and I agree that Muriel Siebert & Co., Inc. shall in no way be responsible for those consequences. Completion of this form is pursuant to consultation with my tax/legal advisor.

IRA Beneficiary Signature

Date

