

IRA Beneficiary Claim Form



When complete please return to **Selected Funds, PO Box 219662, Kansas City, MO 64121-9662.**
For overnight mail: **Selected Funds, 430 W 7th Street Suite 219662, Kansas City, MO 64105-1407.**
For assistance please call **Investor Services at 1-800-243-1575.**
Funds are available to U.S. Citizens or resident aliens only.

TO ENSURE PROPER PROCESSING, PLEASE PRINT CLEARLY IN CAPITAL LETTERS USING BLACK INK

A. INSTRUCTIONS

- This form is to be used by the beneficiary of an IRA to claim assets after the death of the IRA owner. In order to process, your signature must be certified with a 2000/Medallion Guarantee Stamp.
- These instructions are not intended as tax or legal advice. Information regarding distribution options can be found in IRS Publication 590-B, which is available online at www.irs.gov.
- We recommend that you consult your professional tax advisor prior to choosing a distribution option.

B. DECEASED IRA OWNER'S INFORMATION

Deceased IRA Owner's Name (First, MI, Last)

Account Number(s)

Social Security Number

Date of Birth

Date of Death

C. BENEFICIARY INFORMATION

Beneficiary's Name (First, MI, Last)

Residential Street Address

Suite/Apartment

City

State

Zip Code

Daytime Telephone Number

Social Security Number

Date of Birth

D. FINAL REQUIRED MINIMUM DISTRIBUTION INSTRUCTIONS

Deceased IRA Owner's Required Minimum Distribution (RMD) for year of death.

- I have calculated the final RMD. Please distribute \$ _____. Please also complete Section G.
- Please calculate and distribute any outstanding final RMD. Please also complete Section G.
- No Distribution. The final RMD has already been distributed OR I waive removing any outstanding final RMD at this time.
Generally, any outstanding final RMD must be removed by December 31st of the year of the IRA owner's death.

E. DISTRIBUTION OPTIONS

Choose One:

Treat as Own - Only available to spouse beneficiaries.

If electing to treat the IRA as your own and you currently do not have an IRA of the same type with Selected Funds, **please submit a new IRA Application along with this form.**

If you already have an IRA of the same type with Selected Funds, please provide the account number below:

Lump Sum - Full liquidation. Please also complete Section G.

Treat as Beneficiary/Inherited IRA.
Please submit a new IRA Application along with this form.

Choose one:

5 Year Rule - Only available before the Required Beginning Date and to all ROTH IRA Beneficiaries.

The 5 year rule is an option by which the beneficiary may take distributions in any amount at any time, as long as the beneficiary totally depletes the Inherited IRA by December 31 of the year containing the fifth anniversary of the IRA holder's death. *If you would like to set up systematic distributions, please contact Investor Services.*

Single Life Expectancy Payments - These are annual distributions based on the single life expectancy of either the beneficiary or the (deceased) IRA owner. The amount may be recalculated or non-recalculated depending on circumstances such as the beneficiary's relationship and the age of the deceased IRA owner.

If you would like to set up systematic distributions, please complete numbers 1 and 2 below and Section G. If you prefer not to set up systematic distributions at this time, but elect single life expectancy payments as your distribution option, please check the box at the end of section E.

1. Start Date: _____/_____/_____. (Generally, single life expectancy payments must begin by December 31 of the year following the death of the IRA owner. All beneficiaries should review the IRS rules regarding Inherited IRAs.)

2. Frequency of withdrawals:

All Months or Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

*Transactions will occur on the 25th of the current month unless otherwise specified above. If you do not indicate a frequency, the distribution will be made annually.

No systematic distribution at this time. I understand that it is my responsibility to request and distribute any required single life expectancy payment by December 31 of each year. *Please contact Investor Services for assistance.*

F. W-4P TAX WITHHOLDING ELECTION

Federal Tax Withholding¹:

Distributions from your IRA are subject to federal income tax withholding of 10% unless you elect not to have withholding apply by checking the box below.

If no election is made, 10% will be withheld. Distributions from your Roth IRA are not subject to income tax withholding unless you elect to have withholding apply.

- Do NOT withhold federal taxes.
- Withhold federal taxes at a rate of:

Minimum 10%, maximum 100%. Whole numbers, no dollar amounts.

Percentage
_____ %

State Tax Withholding:

If federal income tax withholding is applied to your distribution, your state may also require state income taxes to be withheld. State laws regarding tax withholding are subject to change at any time without notice.

If your state requires withholding, Selected Funds will withhold **at least** the required minimum state tax, regardless of your election.

Selected Funds offers state tax withholding for the following states:

AR, CA, CT², DE, DC, IA, KS, ME, MD, MA, MI², MS, NE, NC, OK, OR, VT and VA

- Do NOT withhold state taxes.
- Withhold state taxes at the applicable rate OR at a rate of:

Percentage
_____ %

1. For systematic distributions, the withholding elections indicated above will remain effective until you change them. You may change or revoke your elections at any time by calling Investor Services.

2. For Connecticut and Michigan residents: State withholding is **mandatory** unless a completed CT-W4P or MI W-4P Form is submitted. This tax information is for informational purposes only and should not be considered legal or tax advice. We do not provide tax or legal advice and will not be liable for any decision you make based on this or other generated tax information we provide. Always consult a tax or legal professional before making financial decisions.

G. DELIVERY INSTRUCTIONS

Choose One:

- Standard mail to the address of record.
- ACH transfer to bank account. Please indicate your bank account in Section H.
- Wire transfer to bank account. **There is a \$5 fee for this service. Wire transfer is not an available option on systematic distributions.** Please indicate your bank account in Section H.

H. BANKING INSTRUCTIONS

Please complete this section if you wish to transfer funds electronically to and from your bank.

Bank Account Registration

Name of Banking Institution

Telephone Number of Banking Institution

ACH Routing Number

Bank Account Number

WIRE Routing Number (If different than ACH Routing Number)

Please Indicate: Checking Savings

I. ADDITIONAL INSTRUCTIONS

J. SIGNATURE

The undersigned individual authorizes the withdrawal specified within and the withholding election completed in Section F. It is the undersigned's responsibility to determine correctly the amount of tax that may be due based on all IRA accounts the undersigned may own (including those unknown by or not under the control of the Custodian). The undersigned agrees to indemnify and hold harmless the Custodian and its agents and service providers, including Selected Funds from any losses or expenses incurred if such information is not correct. The undersigned acknowledges that it is his/her responsibility to properly calculate, report, and pay all taxes due with respect to the withdrawal specified above.

Substitute Form W-9

I certify under penalty of perjury that:

- 1. The number shown on this application 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. person or a U.S. Resident Alien.

You must cross out item number 2 above if you have been notified by the IRS 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 above to avoid backup withholding.

Signature

Capacity (e.g. Beneficiary, Executor)

Date

Place 2000/MedallionGuarantee Stamp Here