

Eligible Designated Beneficiary Election



I, _____, owner of beneficial IRA account # _____,
(print name)

I certify that I:

- was the legal spouse of the deceased IRA account owner on the date of the deceased IRA account owner's death.
- was chronically ill as defined by IRC 7702B(c)(2) on the date of the deceased IRA account owner's death
- was disabled per 42USC1382c(a)(3), schedule R filing with the IRS, or IRS requirements for disability, on the date of the deceased IRA account owner's death
- was the legal minor child of the decedent IRA account owner on the date of the deceased IRA account owner's death

I confirm and certify, under penalty of perjury, that the information provided is true and accurate for the account listed on the accompanying letter. I confirm that I have consulted with a certified tax professional that I have met the specific requirements to qualify as an eligible designated beneficiary.

Client (or Custodian) signature

Date

Client (or Custodian) printed name