Reissue IRA to Beneficiary Distribution Form
Substitute IRS W-4P & W-9

This form is being provided to complete your request to change the distribution payee. Please review the information on this form, complete sections A, B, and C and sign your request below under section D.

Please mail this form, with your check marked VOID, to the address located on the face of the check.

A. Decedent's Information:

____________________ Name (First, M.I., Last) _______ - _____ - _______ Social Security Number ____________ Check # received

Marital Status: ☐ Single ☐ Married: Spouse's name ________________________

B. Beneficiary Information: Beneficiary %:_______ State of Residence:_______

____________________ Name (First, M.I., Last) ____/____/________ Date of Birth _______ - _____ - _______ Social Security Number

____________________ Street Address (Physical Address) APT # __________ City ______ State _______ ZIP

C. INSTRUCTIONS FOR ISSUING CHECK

Spousal Beneficiary ONLY:

☐ Issue a check in my name. I understand that there is no tax withholding option available on this distribution. Depending on my state of residency, I may be subject to federal and state tax on the taxable portion of my distribution.

☐ Issue a check payable to my IRA, qualified retirement plan, 403(a), 403(b), or 457 Plan as follows:

____

Non-spousal Beneficiary:

☐ Issue a check in my name. I understand that there is no tax withholding option available on this distribution. Depending on my state of residency, I may be subject to federal and state tax on the taxable portion of my distribution.

☐ Issue a check payable to my §408(d)(3)(c) Inherited IRA as follows:

____

D. SIGNATURE – I am a beneficiary authorized to receive this distribution. I understand that I will not receive IRS Form 1099-R. If I have any questions regarding my tax consequences, I will consult with my financial advisor or tax professional prior to cashing this check to determine the appropriate tax treatment for my particular situation. I hereby affirm that the information given is true and correct, and authorize SS&C GIDS, Inc. to make the distribution according to the instructions on this form.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct social security number (or I am waiting for a number to be issued to me), 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 (including a U.S. resident alien).

You must cross out item 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.

__________________ Signature of Beneficiary __________________ Printed Name __________ Date