



# FIRST SENTIER FUNDS INHERITED IRA CLAIM AND DISTRIBUTION REQUEST

Please consult a tax advisor prior to completing this form. You are solely responsible for taking distributions as required by the IRS.

For questions, please contact us at 866-811-6468. Please mail your completed and signed form to First Sentier Funds c/o Northern Trust Company, PO Box 4766, Chicago, IL 60680-4766 or by fax 312-557-5674.

Use this form to request a transfer from a deceased owner's IRA and/or to take a distribution from an inherited IRA. The proper legal documents must be received prior to the Fund processing your request.

This form should **not** be used for the following distributions:

- Spouse beneficiary treating an inherited IRA as their own – Complete an IRA Distribution Request form
- Distributions from a Coverdell ESA – Complete a Coverdell ESA Distribution Request form
- Distributions from a living owner's Traditional, Roth, SEP, or SIMPLE IRA – Complete an IRA Distribution Request form

I am using this form to: (check all that apply)

- ☐ Open an inherited IRA (also complete an IRA application for the type of IRA you inherited)
- ☐ Transfer assets from a deceased owner's IRA to an inherited IRA
- ☐ Establish or take distributions from an inherited IRA

Please print all information.

## 1 ORIGINAL/DECEASED IRA OWNER

### DECEDENT INFORMATION – \* Denotes required information

\*ORIGINAL OWNER/DECEDENT'S FIRST NAME

MIDDLE INITIAL

\*LAST NAME

\*DATE OF BIRTH

\*DATE OF DEATH

\*DECEDENT'S SOCIAL SECURITY NUMBER

EXISTING ACCOUNT NUMBER

### TYPE OF IRA (Check one)

- ☐ Traditional IRA
- ☐ SEP IRA
- ☐ SIMPLE IRA
- ☐ Roth IRA

## 2 BENEFICIARY/INHERITED IRA OWNER

### BENEFICIARY'S INFORMATION – \* Denotes required information

\*FULL LEGAL NAME (OR NAME OF TRUST, ESTATE OR OTHER ENTITY)

\*IF APPLICABLE, NAME(S) OF TRUSTEE(S)/EXECUTOR OR ADMINISTRATOR OF ESTATE/ADULT ACTING FOR MINOR

\*DATE OF BIRTH/DATE OF TRUST (MM/DD/YYYY)

\*SOCIAL SECURITY OR TAXPAYER ID NUMBER

ACCOUNT NUMBER (IF KNOWN)

\*STREET ADDRESS

\*CITY

\*STATE/ZIP

PRIMARY PHONE NUMBER

### RELATIONSHIP TO DECEASED IRA OWNER AT TIME OF DEATH (CHECK ONE):

- ☐ Spouse
- ☐ Non-Spouse Individual
- ☐ Disabled or Chronically Ill Individual (As defined by IRS)
- ☐ Minor Child
- ☐ Entity (Estate, Charity, etc.)

In general, a Required Minimum Distribution (RMD) from an inherited IRA must begin by December 31 of the year after the deceased IRA owner's year of death. Exceptions to this date may apply to spouses who are eligible to delay distributions until the year in which the deceased IRA owner would have attained RMD age.

**Important Reminder:** If the original owner of a Traditional, SEP, or SIMPLE IRA died on or after their Required Beginning Date (RBD) and did not satisfy their Required Minimum Distribution (RMD) for the year of their death, then their RMD for the year of death must be distributed by 12/31 of the year they died. This requirement is separate from your requirement to take distributions. We will not automatically distribute the year of death RMD.

**Note:** In general, Required Minimum Distributions from an inherited Roth IRA are required as though the owner died before their RBD.

Complete 3a or 3b below as applicable. See Section 9 for additional information.

**CHECK ONE:**☐ One-Time

☐ Partial: Distribute a specific dollar or share amount

☐ Total: Distribute all assets

☐ Systematic

☐ 5-Year: Distribute all assets by December 31 of the 5th year after the account owner's death.

*Available to a designated beneficiary or non-designated beneficiary when the original IRA owner died before their RBD.*

☐ Life Expectancy: Distribute over the beneficiary IRA owner's single life expectancy (recalculated)

*Available to a spouse designated beneficiary when the original IRA owner died before their RBD. Also available to a spouse designated beneficiary when the original IRA owner died after their RBD and the beneficiary's life expectancy is longer than the deceased owner's life expectancy.*

☐ Life Expectancy: Distribute over the beneficiary IRA owner's single life expectancy (not recalculated)

*Available to a non-spouse designated beneficiary when the original IRA owner died before or after their RBD.*

☐ Life Expectancy: Distribute over the original IRA owner's single life expectancy (not recalculated)

*Available to a non-designated beneficiary when the original IRA owner died after their RBD. Also available to a spouse designated beneficiary or non-spouse designated beneficiary when the original IRA owner died after their RBD and the original owner's life expectancy is longer than the beneficiary's life expectancy.*

☐ Periodic: Distribute a specific dollar amount over an designated frequency.

*Available to any beneficiary. Note: You may not meet your RMD if the amount elected is less than the amount required by the IRS.*

☐ Transfer

☐ No distribution: Transfer to inherited IRA only

**3b** ORIGINAL/DECEASED IRA OWNER DIED ON OR AFTER 1/1/2020**CHECK ONE:**☐ One-Time☐ Partial: Distribute a specific dollar or share amount☐ Total: Distribute all assets☐ Systematic☐ 5-Year: Distribute all assets by December 31 of the 5th year after the account owner's death.*Available to a non-designated beneficiary when the original IRA owner died before their RBD.*☐ 10-Year: Distribute all assets by December 31 of the 10th year after the account owner's death.*Available to an eligible designated beneficiary or designated beneficiary when the original IRA owner died before their RBD. Also available to a designated beneficiary when the original IRA owner died after their RBD, however in this case, the designated beneficiary is required to take annual distributions.*☐ Life Expectancy: Distribute over the beneficiary IRA owner's single life expectancy (recalculated)*Available to a spouse eligible designated beneficiary when the original IRA owner died before their RBD. Also available to a spouse eligible designated beneficiary when the original IRA owner died after their RBD and the beneficiary's life expectancy is longer than the deceased owner's life expectancy.*☐ Life Expectancy: Distribute over the beneficiary IRA owner's single life expectancy (not recalculated)*Available to a non-spouse eligible designated beneficiary when the original IRA owner died before their RBD.*☐ Life Expectancy: Distribute over the original IRA owner's single life expectancy (not recalculated).*Available to a spouse designated beneficiary or non-spouse eligible designated beneficiary when the original IRA owner died after their RBD and the original IRA owner's life expectancy is longer than the beneficiary's life expectancy. Also available to a non-designated beneficiary when the original IRA owner died after their RBD.*☐ Periodic: Distribute a specific dollar amount over a designated frequency.*Available to any beneficiary. Note: You may not meet your RMD if the amount elected is less than the amount required by the IRS.*☐ Transfer☐ No distribution: Transfer to inherited IRA only**4** DISTRIBUTION ALLOCATION & FREQUENCY**ONE-TIME DISTRIBUTION**

Amount \$ \_\_\_\_\_

Is this one-time distribution in addition to establishing a Systematic Withdrawal Plan? ☐ Yes ☐ No☐ Gross Amount OR ☐ Net Amount

| DOLLARS  | SHARES          | FUND<br>(if you do not indicate a fund, your redemption will be taken proportionally from each fund) |
|----------|-----------------|------------------------------------------------------------------------------------------------------|
| \$ _____ | OR _____ SHARES | FROM _____                                                                                           |
| \$ _____ | OR _____ SHARES | FROM _____                                                                                           |
| \$ _____ | OR _____ SHARES | FROM _____                                                                                           |
| \$ _____ | OR _____ SHARES | FROM _____                                                                                           |

If redeeming shortly after purchasing, there may be a delay sending the proceeds. If requesting **Gross Amount**, the amount you receive will be reduced by any federal/state tax withholding and expedited delivery fees. If requesting **Net Amount**, the amount redeemed will be increased to cover any applicable federal/state tax withholding and expedited delivery fees, so the amount you receive will equal the amount you requested. If no election is made, the gross amount will be redeemed.

#### 4 DISTRIBUTION ALLOCATION & FREQUENCY (continued)

##### SYSTEMATIC WITHDRAWALS

We will begin your systematic withdrawal as soon as possible upon receipt of this form. If the amount of funds is not available due to depletion of the assets and/or market fluctuation, we will redeem what is available and stop the systematic withdrawal.

Payment method is only by check or EFT. We will begin your systematic withdrawal on the next available date based upon your election.

☐ **New Request**   OR   ☐ **Change Existing Systematic Withdrawal to the following:**

| FUND NUMBER | ACCOUNT NUMBER | FREQUENCY<br>select one:<br>monthly, quarterly,<br>semiannually, annually | START DATE<br>Start date may be the 1st or 15th. If<br>no date is selected, the 1st will be used. |
|-------------|----------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
|             |                |                                                                           |                                                                                                   |
|             |                |                                                                           |                                                                                                   |
|             |                |                                                                           |                                                                                                   |
|             |                |                                                                           |                                                                                                   |

#### 5 METHOD OF PAYMENT

##### CHECK ONE:

☐ Invest proceeds into my existing account. Account Number \_\_\_\_\_ Fund \_\_\_\_\_

☐ Make check payable to beneficiary/inherited IRA owner and mail to address of record.  
Allow 10 days to receive check using standard mail.  
*If your address was updated within the last 30 days, a Medallion Signature Guarantee may be required. See section 8.*

☐ Make check payable to a third party.  
*For this method, a Medallion Signature Guarantee is required. See section 8.*

Make check payable to: \_\_\_\_\_

Mail check to: \_\_\_\_\_

☐ Electronic Funds Transfer (EFT) to Bank of Record

☐ Add new bank information  
*If your bank was updated within the last 30 days, a Medallion Signature Guarantee may be required. See section 8.*

☐ Checking Account

☐ Savings Account

*Redemption proceeds are usually deposited in designated bank account within 2-3 business days after processing the redemption request. The electronic funds will not be granted unless a voided check is attached or is already on file.*

## 5 METHOD OF PAYMENT *(continued)*

John Doe  
5302 11st  
Anywhere, USA 1234

VOID

\$

Please tape a pre-printed voided check or deposit slip here.

### STARTER CHECKS AND COUNTER CHECKS WILL BE REJECTED

By signing this form, I authorize The Fund, to transfer funds from the above-mentioned mutual fund account/plan number to my bank/credit union ("Depository") account via electronic funds transfer (if so selected). I also authorize the Fund to initiate (if necessary) adjustments with a debit or credit to my Depository account and/or mutual fund account/plan number for any previous transfers made in error. The EFT remains in effect until The Fund receives written notification from the Beneficiary completing this form of its revocation at a time that affords The Fund a reasonable opportunity to implement the request, or until canceled by The Fund or Depository.

**Important:** For checking accounts, a voided check is required, preprinted with bank account registration/owner names. For savings accounts a deposit slip with information necessary to complete electronic funds transfer including routing number, account number and bank account registration/owner name is required. An official bank letter from your financial institution may be accepted in lieu of a voided check/deposit slip, provided that it is on a bank letter head with: the routing number, account number and bank account registration/owner name(s) appear on the document that is signed by a bank official, providing their name & title. You must be an owner of the bank account in order for the bank account to be added.

If bank account is not owned by the beneficiary/inherited IRA owner, we will require a signature from the bank account owner(s) to authorize.

DEPOSITORY ACCOUNT OWNER'S SIGNATURE

DATE (MM/DD/YYYY)

BENEFICIARY (OR ADULT FOR MINOR BENEFICIARY)/TRUSTEE/EXECUTOR OR ADMINISTRATOR SIGNATURE

DATE (MM/DD/YYYY)

CO-TRUSTEE/CO-EXECUTOR SIGNATURE (IF APPLICABLE)

DATE (MM/DD/YYYY)

## 6 TAX WITHHOLDING ELECTION

Refer to the IRS Form W-4R, including its instructions and marginal rate tables, prior to making your federal income tax withholding election. Form W-4R is also provided as the final pages of this IRA Distribution Request form. **Please make your withholding election below rather than on Form W-4R.**

Distributions from your IRA are subject to the default federal income tax withholding rate of 10% unless you provide a different election below. You may choose not to have federal income tax withheld by entering 0% below. If no election is made, if your election is invalid or incomplete, or if your distribution is delivered outside the United States, then your distribution will be subject to federal income tax withholding at a rate of 10%. The election below applies to the one-time or systematic distribution on this form only. You may change or revoke your election at any time.

If you choose not to have withholding applied to your distribution, or if you do not have enough withheld, 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.

### Federal Income Tax Withholding Election (Form W-4R)

Your withholding rate is determined by the type of payment you will receive.

For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on the line below. Generally, you cannot choose less than 10% for payments to be delivered outside the United States and its possessions. See IRS Form W-4R for more information.

**Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions and Marginal Rate Tables on Form W-4R for additional information. Enter the rate as whole number (no decimals).**

Withholding Election \_\_\_\_\_ % (Enter 0 if you do not want federal income tax withheld)

State Income Tax Withholding If you reside in AR, CA, CT\*, DE, IA, KS, MA, ME, MI\*, MN\*, NC, NE, OK, OR, or VT and federal tax is withheld, you distribution will also be subject to state tax withholding at the minimum rate required by your state.

\* Residents of CT, MI, and MN: State income tax withholding is required regardless of your federal income tax withholding election unless you provide Form CT-W4P (for Connecticut residents), Form MI W-4P (for Michigan residents), or Form W-4MNP (for Minnesota residents) indicating an exemption or alternative rate of state withholding. These forms are available on your state's website.

I acknowledge and understand that I am solely responsible for providing distribution instructions and for taking distributions applicable to my situation as required by the IRS, and that the Fund or The Northern Trust Company as Custodian shall not be responsible for any tax penalties or other damages that result from a failure to take distributions as required.

I certify that I am the proper party to receive payments from this IRA and that all information provided by me is true and accurate. By making a withholding election on this form, I certify that I have received and read the current IRS Form W-4R including its instructions and marginal rate tables. No tax advice has been given to me by the Custodian. All decisions regarding this withdrawal are my own. I expressly assume responsibility for any adverse consequences which may arise from this withdrawal, and I agree that the Custodian shall in no way be responsible.

By signing below, I/we, my/our agents, heirs, executors, administrators and assigns (each an "Indemnifying Party") agree to jointly and severally indemnify and hold harmless The Fund, all affiliated companies, all assigns, and their officers, directors, representatives, employees and agents from and against any claim, liability, expense, tax ramification, or loss incurred by a third party which in any way arises out of an Indemnifying Party's misrepresentation, negligent or intentional act, or omission in any way connected with this Account/Plan.

By signing below, I/we, my/our agents, heirs, executors, administrators and assigns (each a "Releasor") agree to release and discharge The Fund, all affiliated companies, all assigns, and their officers, directors, representatives, employees and agents from and against any and all claims of any kind whatsoever a Releasor has which may in any way arise out of a Releasor's misrepresentation, negligent or intentional act, or omission in any way connected with this Account/Plan.

**Under penalties of perjury, I certify that:**

- 1. The number shown on this form is my correct taxpayer identification 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.**
- 3. I am a U.S. person (including a U.S. resident alien).**

**Certification Instructions - 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.**

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

BENEFICIARY (OR ADULT FOR MINOR BENEFICIARY)/TRUSTEE/EXECUTOR OR ADMINISTRATOR SIGNATURE

DATE (MM/DD/YYYY)

CO-TRUSTEE/CO-EXECUTOR SIGNATURE (IF APPLICABLE)

DATE (MM/DD/YYYY)

**MEDALLION SIGNATURE GUARANTEE IS REQUIRED IF:**

- Payment is equal to or greater than \$100,000.
- Electronic payment is to a bank account not on file.
- The payment recipient is someone other than the account owner or previously named beneficiary.
- Payment is being sent to an address that is different from the address of record.
- Funds are being transferred to another account that is not registered to the account owner.

Requests requiring a Medallion Signature Guarantee must be mailed.

You can obtain a Medallion Signature Guarantee from a commercial bank or trust company, a member firm of a national stock exchange, or from an eligible guarantor institution as defined by the Securities Exchange Commission.

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AUTHORIZED GUARANTOR'S SIGNATURE

DATE

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AUTHORIZED BY

Financial Institution: Place Medallion Signature Guarantee stamp here  
(If required)

## 9 GENERAL INFORMATION

The following is informational in nature and intended to assist you in understanding beneficiary types and distribution requirements. Your requirements depend on numerous circumstances and may not be represented on this form or in the tables below. **You are solely responsible for taking distributions as required by the IRS.**

Assets from the deceased owner's IRA are transferred to an inherited IRA account for the beneficiary. Distributions are made from the inherited IRA account and tax reported under the beneficiary's social security number.

If distribution amounts are not sufficient or timely, a penalty tax of up to 25% may be imposed by the IRS.

### BENEFICIARY TYPES

**Designated Beneficiary:** An individual named as beneficiary of an IRA who is not an Eligible Designated Beneficiary.

**Eligible Designated Beneficiary:** An individual named as beneficiary of an IRA by the original/deceased IRA owner who died on or after 1/1/2020. An eligible designated beneficiary is a surviving spouse of the deceased IRA owner, a minor child of the deceased IRA owner, a disabled or chronically ill individual, or an individual not more than 10 years younger than the deceased IRA owner.

*Note: When a minor child attains age 21, they are no longer an Eligible Designated Beneficiary and required to distribute all remaining assets by December 31 of the 10th year after attaining age 21.*

**Non-Designated Beneficiary:** An entity (i.e.: estates, charities) named as beneficiary of an IRA.

### DISTRIBUTION RULES

**5-Year Rule:** All assets must be distributed by December 31 of the 5th year after the original IRA owner's death. Distributions are not required before the end of the 5th year.

**10-Year Rule:** All assets must be distributed by December 31 of the 10th year after the original IRA owner's death. If the original IRA owner died before reaching their RBD then distributions are not required before the end of the 10th year. If the original IRA owner after their RBD and the beneficiary is a designated beneficiary then distributions are required each year. The 10-Year Rule is applicable to deaths on or after 1/1/2020.

**Life Expectancy:** Assets are distributed over a period of time based upon the single life expectancy of the surviving beneficiary or deceased owner.

- **Recalculated:** The IRS life expectancy table is referred to each year to "recalculate" or determine the amount of the distribution
- **Not-Recalculated:** The IRS life expectancy table is referred to once and reduced by 1 for each subsequent year to determine the amount of the distribution

**Partial:** Specified assets are distributed in a one-time transaction or on a systematic basis.

**Total:** All assets are distributed in a one-time transaction.

### REQUIRED BEGINNING DATE (RBD)

The date by which a living non-Roth IRA owner is required to take their initial Required Minimum Distribution (RMD). The initial RMD is required by April 1 of the year following the year the IRA owner attains their RMD age and by December 31 thereafter. If the original/deceased owner dies on or after their RBD and did not take their year of death RMD, it must be taken by 12/31 of the year they died.

| BIRTHDATE             | RMD AGE |
|-----------------------|---------|
| BEFORE 7/1/1949       | 70½     |
| 7/1/1949 - 12/31/1950 | 72      |
| 1/1/1951 - 12/31/1959 | 73      |