



KJZT Family Life  
 P.O. Box 18896, Austin, Texas 78760  
 (512) 444-9586 1-888-253-2338

**IRA DEATH CLAIM**

**INFORMATION ABOUT THE IRA OWNER**

<b>NAME OF DECEASED</b>		<b>CERTIFICATE NUMBER(S)</b>
<b>DECEASED DATE OF BIRTH</b>	<b>DECEASED SOCIAL SECURITY NUMBER</b>	<b>DATE OF DEATH</b>

**PLEASE NOTE:**

- (1) In addition to the above required information, a Certified Certificate of Death **MUST** be submitted.
- (2) The IRA Certificate must accompany this claim. If not available, please explain.
- (3) The bottom portion of this form must be completed.
- (4) If the Beneficiary is to the ESTATE, please submit Letters Testamentary.
- (5) If the Beneficiary is a TRUST, please submit a Certification of Trust.

**INFORMATION ABOUT THE BENEFICIARY**

<b>BENEFICIARY NAME</b>		<b>SOCIAL SECURITY NUM</b>	<b>RELATIONSHIP</b>
<b>ADDRESS</b>		<b>CITY, STATE, ZIP</b>	
<b>DAYTIME PHONE NUMBER</b>	<b>EMAIL ADDRESS</b>		

Please select an option from below. You may want to consult a tax advisor before making an election.

- FULL CLAIM PAYMENT:** IRA death claim payment in a single sum and report the taxable portion of the claim payment as taxable income (on form 1099R).
  - I elect not to have federal income tax withheld from the taxable portion of my claim check.
  - I elect to have federal income tax withheld from the taxable portion of my claim check.  
 Insert rate if greater than 10% \_\_\_\_\_

**Payment Instructions:**

- Check Payable to Beneficiary  Deposit into Checking Account (Complete Direct Deposit Form)

- FIVE YEAR RULE:** The five-year rule is available when the IRA owner dies before his required beginning date for RMDs. This option allows only a nonperson beneficiary to take distributions in any amount at any time as long as the beneficiary totally depletes his/her portion of the IRA by December 31 of the year containing the fifth anniversary of the IRA Owner's death.
- TEN YEAR RULE:** The ten-year rule allows the beneficiary to take distributions in any amount at any time as long as the beneficiary totally depletes his/her portion of the IRA by December 31 of the year containing the tenth anniversary of the IRA Owner's death.
- SINGLE LIFE EXPECTANCY PAYMENTS:** The single life expectancy payment option requires a beneficiary to take distributions of a minimum amount based on the single life expectancy of either the beneficiary or the deceased IRA owner, beginning by December 31 of the year following the year of the IRA owner's death. This option is available only for spouse beneficiaries, disabled beneficiaries, chronically ill beneficiaries, beneficiaries not more than 10 years younger than the account owner, minors of the decedent (they would begin a 10-year payout period upon reaching the age of majority).
- SPOUSAL TRANSFER:** A surviving spouse who is the sole beneficiary may transfer the IRA into his or her own IRA at any time after the IRA owner's death.
- DISTRIBUTE AND ROLL:** A surviving spouse who is the beneficiary may at any time take a distribution and roll over to their owner IRA or eligible plan.

**THE UNDERSIGNED DO HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE.**

**WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

\_\_\_\_\_  
 Beneficiary Signature

\_\_\_\_\_  
 Date



**Life Insurance/Annuity/IRA Death Claim Direct Deposit Request Form**

**Certificate Number:** \_\_\_\_\_

**Deceased Member's Name:** \_\_\_\_\_

**Beneficiary Information:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Bank Information:**

Direct Deposit to my Bank (Direct Deposit information must be completed and **include voided check OR a statement on your bank's letterhead with name and account information** with this form).

**Financial Institution Name:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Address: (Street, City, State, Zip Code)** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Beneficiary**

\_\_\_\_\_  
**Date**