



Tax Withholding Election for Death Benefits

Substitute for IRS Form W-4R. To be used by individual designated beneficiaries (e.g. spouses).

_____, Deceased

Funds ID: _____

A. Name

Social Security Number

Street Address

City, State, Zip Code

B. Income Tax Withholding

I have read the Special Tax Notice Regarding Death Benefit Payments and elect to have my distribution paid as follows:
(PLEASE CHECK ONLY ONE)

☐ 1. I request that a check for the appropriate death benefit amount be made payable to me and sent to the address shown above. **For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate below. You may not choose a rate less than 20%.**

☐ I request that the Trust use the default tax withholding rate of 20%.

☐ I request that the Trust withhold at a rate greater than 20%, which is _____.

☐ 2. I request that the Trust transfer some or all of my death benefit payment directly to an individual retirement arrangement or individual retirement annuity (IRA) and that the remainder be made payable to me and subject to tax withholding that the Trust will forward to the Internal Revenue Service. **(If you choose this option, please complete section C below.)**

☐ I request that the Trust transfer the FULL amount of the death benefit payable to me directly to an IRA.

☐ I request that the Trust transfer \$_____ as a direct rollover. I understand that the remainder of the distribution that is payable to me is subject to withholding of at least 20%. I elect to withhold at a rate of _____.

Signature

Date

If you checked box B2 to have a full or partial rollover, you must complete this section of the form.

C. Rollover Information

Name of IRA

Name of Financial Institution

Account Number

Telephone Number of Financial Institution

Street Address

City, State, Zip Code

PLEASE RETURN THIS FORM IN THE ENCLOSED ENVELOPE



400000