

IRA HOLDER INFORMATION (DECEASED)

Name		IRA Account #
SS #/ Tax ID	DOB/UAD Date	Type of IRA: <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SIMPLE IRA

BENEFICIARY INFORMATION This section should be completed by a beneficiary making a distribution election. DO NOT use this section to name or change your beneficiary(ies).

Beneficiary Name		Relationship		
SS #/Tax ID	DOB/UAD Date	Address		
Email	City	State	Zip	
Home Phone	Country			
Work Phone	If Multiple Beneficiaries, List this Beneficiary's Percentage: (a separate form must be complete for each)			%

BENEFICIARY ELECTION Beneficiaries of IRAs may elect how to receive the proceeds. An IRA Distribution form must be completed for all distributions requests. Select one of the payment options below.

TRADITIONAL IRA OPTIONS		
<p>1 SURVIVING SPOUSE BENEFICIARY</p> <p><input type="checkbox"/> Treat as Own. Transfer to my StockCross IRA A/C # _____ <i>I understand I must withdraw the Required Minimum Distribution if the decedent was over 70 1/2 and did not withdraw this amount before the date of death.</i></p> <p style="text-align: center;">- OR -</p> <p><input type="checkbox"/> Journal to an Inherited IRA. StockCross A/C # _____ <i>If selected, please choose one of the following:</i></p> <p>Death Before Required Beginning Date (RBD)</p> <p><input type="checkbox"/> 5 Year Payment. I elect to deplete the IRA balance by December 31 of the year containing the 5th anniversary of the IRA holder's death.</p> <p><input type="checkbox"/> Life Expectancy Payments. I elect to begin distributions as a beneficiary over my single life expectancy, redetermined annually. <i>These payments are required to begin the later of Dec 31st of the calendar year during which the account owner would have attained age 70 1/2 or Dec 31st of the calendar year immediately following the calendar year during which the account owner died.</i></p> <p><input type="checkbox"/> Total Distribution. Must complete an IRA Distribution Form.</p> <p>Death on or After RBD</p> <p><input type="checkbox"/> Life Expectancy Payments. I elect to begin distributions as a beneficiary over the longer of my single life expectancy, redetermined annually, or the single life expectancy of the decedent, reduced by one.</p> <p><input type="checkbox"/> Total Distribution. Must complete an IRA Distribution Form.</p>	<p>2 NON-SPOUSE BENEFICIARY</p> <p><input type="checkbox"/> Journal to an Inherited IRA. StockCross A/C # _____ <i>If selected, please choose one of the following:</i></p> <p>Death Before Required Beginning Date (RBD)</p> <p><input type="checkbox"/> 5 Year Payment. I elect to deplete the IRA balance by December 31 of the year containing the 5th anniversary of the IRA holder's death.</p> <p><input type="checkbox"/> Life Expectancy Payments. I elect to deplete the entire IRA balance over my single life expectancy, reduced by one year thereafter. <i>These payments are required to begin Dec 31st of the calendar year immediately following the calendar year during which the account owner died.</i></p> <p><input type="checkbox"/> Total Distribution. Must complete an IRA Distribution Form.</p> <p>Death on or After RBD</p> <p><input type="checkbox"/> Life Expectancy Payments. I elect to deplete the IRA balance over the longer of my single life expectancy or the single life expectancy of the decedent, reduced by one year thereafter. <i>These payments are required to begin by Dec 31st of the calendar year immediately following the calendar year during which the account owner died. I understand I must withdraw the Required Minimum Distribution if the decedent did not withdraw this amount before the date of death.</i></p> <p><input type="checkbox"/> Total Distribution. Must complete an IRA Distribution Form.</p>	<p>3 NON-PERSON BENEFICIARY (Estate)</p> <p><input type="checkbox"/> Journal to an Inherited IRA. StockCross A/C # _____ <i>If selected, please choose one of the following:</i></p> <p>Death Before Required Beginning Date (RBD)</p> <p><input type="checkbox"/> 5 Year Payment. I elect to deplete the IRA balance by December 31 of the year containing the 5th anniversary of the IRA holder's death.</p> <p><input type="checkbox"/> Total Distribution. Must complete an IRA Distribution Form.</p> <p>Death on or After RBD</p> <p><input type="checkbox"/> Life Expectancy Payments. I elect to deplete the IRA balance over the single life expectancy of the decedent, reduced by one year thereafter. <i>These payments are required to begin by Dec 31st of the calendar year immediately following the calendar year during which the account owner died. I understand I must withdraw the Required Minimum Distribution if the decedent did not withdraw this amount before the date of death.</i></p> <p><input type="checkbox"/> Total Distribution. Must complete an IRA Distribution Form.</p>

ROTH IRA OPTIONS

<p>1 <input type="checkbox"/> Treat as Own. Available to Spouse only. Transfer to my StockCross IRA A/C # _____</p>	<p>2 <input type="checkbox"/> Journal to a Roth Inherited IRA. StockCross A/C # _____ <i>If selected, please choose one of the following:</i></p> <p><input type="checkbox"/> 5 Year Payment. I elect to deplete the IRA balance by December 31 of the year containing the 5th anniversary of the IRA holder's death.</p> <p><input type="checkbox"/> Life Expectancy Payments. I elect to deplete the entire IRA balance over my single life expectancy, reduced by one year thereafter. <i>These payments are required to begin Dec 31st of the calendar year immediately following the calendar year during which the account owner died.</i></p> <p><input type="checkbox"/> Total Distribution. Must complete an IRA Distribution Form.</p>
---	--

STOCKCROSS ACCOUNT AGREEMENTS

I certify that as the beneficiary or representative of the beneficiary, I am authorized to make these elections. StockCross Financial Services may rely on these elections. I certify that all information provided by me is true and accurate and I further certify that no tax advice has been given to me by StockCross and that all decisions regarding the election(s) are my own. I expressly assume the full responsibility for any adverse consequences which may arise from the election(s) and I agree that StockCross shall in no way be responsible for those consequences. Completion of this form is pursuant to consultation with my tax/legal advisor.

IRA Beneficiary Signature	Date
---------------------------	------