

I.R.A. DEATH CLAIM NOTICE

Please complete the following information to report the death of a Member who had an IRA with your Credit Union (or the death of a designated beneficiary of an inherited IRA, if that is the case). A separate form should be completed for each type of IRA (such as Traditional or Roth) that the deceased Member had at your Credit Union.

- Attach a photocopy of the certified original death certificate to this form. Make sure that you have verified that the original copy of the death certificate, usually presented by the beneficiary or executor of the Member's estate, has the seal of a proper government official. Keep a copy for your records.
- Attach the latest change of beneficiary form that was completed by the Member, if applicable. If no beneficiary changes have been made, attach a signed copy of the Member's original IRA application. Please verify that all beneficiary addresses are current.
- Mail the required forms to: Retirement Account Consulting, P.O. Box 100, Hilliard, OH 43026.

Credit Union Name

Deceased Member's Name

Deceased Member's Social Security Number

Date of Death

Date of Birth

Value of IRA on Date of Death

Age on Date of Death

Type of IRA (Traditional, Roth, Coverdell, etc.)

IRA Account Number

Did a spouse survive the deceased Member? _____

Was the deceased Member: _____ *the original owner* or _____ *a designated beneficiary* of this IRA?

If this is a claim for a Traditional IRA and the deceased Member was age 70 ½ or older at the time of death, was the required minimum distribution (RMD) or a portion of the RMD for this year disbursed?

Please attach any additional information that may be helpful in locating the beneficiary(ies), such as the name, address and phone number of a person we may contact if complete information is not readily available for all beneficiaries of this IRA account.

By signing below, you verify this information to be correct.

Authorized Credit Union Representative

Date