

Financial Institution Name _____

Branch Name or Number _____

Institution ID # / Participant ID # _____

IRA ASSUMPTION LETTER

FOR SPOUSE BENEFICIARIES ONLY

DECEASED PARTICIPANT INFORMATION

Deceased Participant Name _____

Deceased Participant Social Security Number _____

Institution Number _____

Participant Number _____

BENEFICIARY INFORMATION

Name _____

Address _____

City _____

State _____

Zip _____

Social Security Number _____

Date of Birth _____

SPOUSE BENEFICIARY STATEMENT

I, _____ (*insert name of Spouse Beneficiary*), as the spouse of the above-named Participant and Named Beneficiary of the Participant's IRA held at _____ (*insert name of Financial Institution*)

wish to treat my deceased spouse's IRA as my own (assume the IRA). I understand that this is an irrevocable election and that I assume full responsibility for any tax consequences that may result from this transaction.

IRA FUNDS *(check one)*

- Funds to be placed into an existing IRA, of the spouse beneficiary, with the above referenced financial institution.
- Funds to be placed into a new IRA. (*attach executed Adoption Agreement*)
- Funds to be transferred into my IRA at: _____ (*insert name of Financial Institution*)
(transfer request from new custodian must be attached)

SIGNATURE

Signature of Spouse Beneficiary **X** _____

Date _____

BANK USE ONLY

Financial Institution Representative Signature **X** _____

Date _____

Printed Name of Financial Institution Representative _____