New Direction
TRUST COMPANY
1070 W. Century Drive
Louisville, CO 80027
P: 877-742-1270 | F: 303-665-5962

INHERITED IRA ELECTION

DATE OF DEATH PRIOR TO JANUARY 1, 2020

1. BENEFICIARY INFORMATION

Legal Name: John Doe	Email: Example@email.com	Phone: (xxx)-xxx-xxxx	
Address: 123 Main St.	City: Anytown	State: CO	ZIP: 00000
Social Security Number: XXX-XX-XXXX	Date of Birth: (MM/DD/YYYY) MM/DD/YYYY	Share: 100	

RELATIONSHIP TO THE DECEASED

- (●) Spouse
- ( ) Non-Spouse
- ( ) Non-Person (Entity)

2. DECEDENT INFORMATION

Account Holder Name: Jane Doe	New Direction Account Number: (If Applicable) 2000000	Social Security Number: XXX-XX-XXXX
Date of Birth: (MM/DD/YYYY) MM/DD/YYYY	Date of Death: (MM/DD/YYYY) MM/DD/YYYY	

3. INHERITED ELECTION

Please Note: If you have moved an existing Inherited IRA to New Direction Trust Company, attach a copy of the existing election, if possible, or inform us what election was made. NDTCO cannot advise on tax, legal, or financial matters. If you have questions about which option to choose, please consult a qualified professional. NDTCO does not open Inherited IRAs for trust beneficiaries.

- (●) Single Life Expectancy
- ( ) 5-Year Rule (Distribute by the end of 5 years after death of decedent)
- ( ) Spouse - Treat this IRA as my Own (*This is available when Spouse is 100% Beneficiary ONLY)
- ( ) Lump Sum (Available to all beneficiary types)

4. SIGNATURE AND ACKNOWLEDGEMENT

I certify that I am the Inherited IRA account holder or individual legally authorized to complete this form. I certify the accuracy of the information set forth in this form. I agree to provide the Custodian, New Direction Trust Company, with a copy of the original deceased IRA owner's or plan participant's death certificate and any other applicable documents, as requested. I understand that I am responsible for calculating any required minimum distribution and for any consequences based upon the election made above. I indemnify and agree to hold the custodian harmless from any resulting liabilities. I acknowledge that the Custodian cannot provide and has not provided me with tax or legal advice. I have been advised to seek the guidance of a tax or legal professional.

Beneficiary Signature:	Date: MM/DD/YYYY