TODO	e IRA to Bene	ficiary Distribu	tion Form	
After reviewing the information on this for are electing a rate of tax withholding other below under section E.				
Please complete, sign and mail this form found on your check document.	n along with the l	etter of instruction	(LOI) and voided of	check to the address
A. Decedent's Information:				
Name (First, M.I., Last)		Social	Security Number	
Marital Status: Single Married	Spouse's name			
P D C L C	5° 0/ .	Curt	CD 1	
B. Beneficiary Information: Beneficiary	iciary %:	_ Stat	te of Residence:	
Name (First, M.I., Last)	/_	/ Date of Birth	Social Securit	y Number
Street Address (Physical Address)	APT #	City	State	ZIP
C. NOTIFICATION OF ELECTION		•		
rate between 0% and 100% in the space to outside the United States and its possessi if you do not have enough Federal incomestimated tax. You may incur penalties unot sufficient.	ons. If you elect in the constant of the const	not to have withho om your distribution	olding apply to your on, you may be resp	distribution payments, consible for payment of
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ELECTION FOR PAYEES OF NONP	EKIODIC PAY	MENIS		
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Date

Printed Name

Signature of Account Holder