

## Tax-Exempt Beneficiary Claim Form (IRA)

Deceased Client's Account Registration:

Date: May 9, 2022

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Account Number (10-digits):

-  -  -

Branch #: \_\_\_\_\_

Financial Advisor #: \_\_\_\_\_

Destination: Estates

Scan Title: Corporate Resolution

A completed and signed copy of this form must be provided along with a corporate resolution and IRS form W9 from the tax-exempt organization before a disbursement can be made from the deceased client's account.

### I. Beneficiary Election

I understand that the beneficiary organization must make a payout by December 31 of the year following the year in which the original owner was deceased. The beneficiary organization may change the election until the above deadline at which time this election will be used for future calculations. Following the above deadline no changes can be made to the election.

Name of beneficiary organization: \_\_\_\_\_

Relationship to the original account owner: \_\_\_\_\_

Charity/Tax-Exempt Organization

Payout Election selected: \_\_\_\_\_

\*Lump sum

\*No annual distributions are required for this account. The account must be depleted by the end of the current year.

### II. Delivery Instructions

Liquidate all assets and issue check for the proceeds payable to:

\_\_\_\_\_  
Mail check to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### III. Federal Tax Classification and Certification

**Federal Income Tax Withholding Election:**

Withhold Federal Income Tax at a rate of 0 % (0% or a minimum of 10%)

**State Income Tax Withholding Election:**

Withhold State Income Tax at a rate of 0 % (0% or a minimum of 10%)

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Under penalties of perjury, I certify that the beneficiary organization named above is not subject to backup withholding, because it is exempt from withholding as a tax-exempt organization under applicable Federal and State tax law.

Even though the beneficiary organization has elected to have no federal or state income taxes withheld due to its tax-exempt status, I understand the beneficiary organization is still liable for the payment of any and all federal income taxes on any portion of this distribution that may be deemed taxable. The beneficiary organization hereby indemnifies Edward Jones and its agents, affiliates, and successors, and employees from any and all liability that may arise from my representation that the beneficiary organization named above is not subject to federal or state tax withholding.

### IV. Additional Certifications

On behalf of the beneficiary organization, I hereby irrevocably elect to distribute or transfer the organization's beneficial share of the IRA designated above and I understand the tax and legal consequences of this election. I certify that the information provided on this form is true and correct to the best of my knowledge and hereby release Edward Jones, its agents, affiliates, and successors from any claims or liability for, or related to this document, the distribution as requested, and/or the processing thereof.

I further certify that the beneficiary organization listed above, that I am signing this document on behalf of, is duly organized and validly existing under the United States, any state, the District of Columbia, or any U.S. possession exclusively for charitable, educational, religious, scientific, literary, or such similar purposes, that I am an authorized agent of the beneficiary organization, and that Edward Jones may rely on my authority. Edward Jones cannot determine whether the beneficiary organization is qualified to receive charitable contributions.

By signing below, I authorize the above instructions, certify the information provided in this form is accurate and complete and confirm that I have selected a distribution option that is consistent with the organization's beneficiary status as a tax-exempt organization. I hereby direct Edward Jones to distribute the assets as set forth in this form.

### B. Signature(s) - Authorized Person(s)

|                    |                                    |               |
|--------------------|------------------------------------|---------------|
| _____<br>Signature | _____<br>Printed Name and Capacity | _____<br>Date |
| _____<br>Signature | _____<br>Printed Name and Capacity | _____<br>Date |
| _____<br>Signature | _____<br>Printed Name and Capacity | _____<br>Date |
| _____<br>Signature | _____<br>Printed Name and Capacity | _____<br>Date |