

# Inherited Roth IRA — Custodial Account Application — Form 5305-RA

## Revocation in accordance with the Disclosure Statement should be mailed or delivered to:

Custodian's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Attn: \_\_\_\_\_ Phone \_\_\_\_\_

## Beneficiary Information (As an Owner)

Name \_\_\_\_\_ Plan No. \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_  
SSN \_\_\_\_\_ or TIN \_\_\_\_\_  
Name of Deceased Accountholder  
or Plan Participant \_\_\_\_\_

## Designation of Beneficiary

Section 1.6 of Article VIII of the Inherited Roth Individual Retirement Custodial Account (Form 5305-RA) contains an important discussion of your right to name primary and contingent beneficiary(ies). Your designation will revoke all prior Roth IRA beneficiary designations with respect to the referenced Inherited Roth IRA account. In the event of your death you hereby direct that any balance in your Inherited Roth IRA shall be paid to the following designated beneficiary or beneficiaries. If any primary or contingent beneficiary dies before you, then you wish to have the following result:

- ☐ the interest of that deceased beneficiary, his or her issue and spouse, if any, shall terminate totally and the percentage share of any surviving beneficiary(ies) shall increase on a pro rata basis; or
- ☐ the interest of that deceased beneficiary shall be paid to his or her issue who are alive or who have living issue, such issue will take by right of representation the share the deceased beneficiary would have taken if living, and persons of the same class shall share equally. If the deceased beneficiary has no living issue, but does have a surviving spouse, then by checking the following box ( ) you want such spouse to receive such predeceased beneficiary's share.

If you do not make the above designation, then you are deemed to have elected the "pro rata" selection.

If you designate your spouse as your sole primary beneficiary, and he or she predeceases you, then you intend the funds to be transferred to your contingent beneficiary(ies) who shall become the primary beneficiary(ies) and not pass per stirpes to the issue of your spouse.

You hereby designate the following individual(s) and/or entity(ies) to be your beneficiary(ies). You must check Primary or Contingent for each beneficiary. If neither is checked, the designated beneficiary will be deemed to be a primary beneficiary.

☐ Primary Name \_\_\_\_\_  
☐ Contingent Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Share % \_\_\_\_\_ Relationship \_\_\_\_\_

☐ Primary Name \_\_\_\_\_  
☐ Contingent Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Share % \_\_\_\_\_ Relationship \_\_\_\_\_

☐ Primary Name \_\_\_\_\_  
☐ Contingent Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Share % \_\_\_\_\_ Relationship \_\_\_\_\_

☐ Primary Name \_\_\_\_\_  
☐ Contingent Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Share % \_\_\_\_\_ Relationship \_\_\_\_\_

## Type of Contribution

Annual contributions and rollover contributions are ineligible to be made to this Inherited Roth IRA. If such contributions are made, they will be excess contributions.

The only type of contribution eligible to be made is a transfer contribution. The transfer may come from the decedent's Roth IRA, from another Inherited Roth IRA already established which qualifies to be transferred into this inherited Roth IRA, or directly rolled over (i.e. transferred) from a 401(k) or other employer sponsored plan.

### ☐ Transfer in from the Roth IRA of

\_\_\_\_\_ (name of deceased accountholder)

with

\_\_\_\_\_ (name of Roth IRA custodian/trustee)

### ☐ Direct rollover into this inherited Roth IRA from a nonspouse beneficiary of

\_\_\_\_\_ (name of deceased employee/plan participant)

of the

\_\_\_\_\_ (name of the employer sponsored plan)

## Transfer/Direct Rollover Information

Date \_\_\_\_\_

Acct./Inst. No. \_\_\_\_\_

Amount \_\_\_\_\_

## Signatures and Revocation Right

You have requested that the Custodian establish an Inherited Roth Individual Retirement Account (IRA) for you. You certify that your tax identification number (social security number) and other information are correct. The rules and conditions governing this Inherited Roth IRA form are contained in this application and the IRS Model Form 5305-RA plan agreement as modified. You acknowledge that you are opening a custodial Inherited Roth IRA and that it expressly requires that your Inherited IRA funds be invested in various deposit accounts as offered by us (i.e. the Custodian). You also acknowledge that the Custodian has furnished you with a copy of the application, and the Inherited Roth Individual Retirement Plan and Disclosure Statement. In addition, you have read the disclosure statement and you qualify to make the transfer contribution to this Inherited Roth IRA.

You have the ability to terminate this Inherited IRA which you are establishing if you comply, in a timely fashion, with the revocation provisions as discussed on page 7 of the Inherited Roth Individual Retirement Account (IRA) Plan Agreement.

Inheriting Beneficiary's

Signature \_\_\_\_\_

Date \_\_\_\_\_

Authorized Signature  
of Custodian \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Use only if signature of the beneficiary or the custodian is required to be witnessed.