

1. BENEFICIARY INFORMATION (REQUIRED)

Bank of America, like all financial institutions, is required by the **USA PATRIOT Act** to obtain, verify, and record information that identifies each beneficiary of an IRA account with us. When you are a beneficiary of an IRA account with us, we will ask you for your name, address and other information that will allow us to identify you. The information we gather is for your protection and the country's against terrorist activity and illegal money laundering schemes.

Beneficiary Name		Social Security Number / Employer Identification Number	
Daytime Telephone Number	Date of Birth	Relationship to Depositor	
Physical Street Address		Country of Citizenship	
		Country of Residency	
City, State, Zip		Source of Income: <input type="checkbox"/> Employment <input type="checkbox"/> Household/Family <input type="checkbox"/> Inheritance <input type="checkbox"/> Investment <input type="checkbox"/> Retirement <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployed	
Mailing Address (if different)			
City, State, Zip		Employer Name (if Employment Selected)	
City, State, Zip		Occupation (if Employment Selected)	
Have you or any of your immediate family ever been elected, appointed or assumed any political position in a National, State, or Provincial government? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe the position: _____			

2. DECEASED DEPOSITOR INFORMATION (REQUIRED)

The Bank must have a certified copy of the death certificate in order to make distributions to a beneficiary. Additional documentation may be required.

Depositor's Name		Social Security Number	
Plan Number	Plan Type <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA	Date of Birth	Date of Death

3. DISTRIBUTION OPTIONS (REQUIRED)

BANK OF AMERICA RECOMMENDS YOU CONTACT YOUR TAX ADVISOR BEFORE MAKING YOUR ELECTION

A beneficiary of an IRA Plan should elect how to receive the proceeds of the IRA Plan no later than 09/30 of the year following the year of the IRA Plan Depositor's death. Any separate beneficiary accounts must be established by 12/31 of the year following the IRA Plan Depositor's death. Available options depend on the age of the IRA Plan Depositor, the relationship of the beneficiary to the IRA Depositor, and the type of IRA Plan.

Select **only one** of the payment options below.

Options for all beneficiaries	<input type="checkbox"/> Lump Sum Distribution	I elect to receive my entire portion of the IRA Plan in a single lump sum payment. <input type="checkbox"/> Deposit into my Bank of America <input type="checkbox"/> Checking <input type="checkbox"/> Savings # _____ State Opened _____ <input type="checkbox"/> Mail check to the address above.
	<input type="checkbox"/> Life Expectancy Payments	I elect to receive my entire portion of the IRA Plan by taking payments over the longer of my own life expectancy or the remaining life expectancy of the deceased IRA Plan Depositor.
	<input type="checkbox"/> Specific Amount	I elect to receive my entire portion of the IRA Plan by taking payments of \$ _____
	<input type="checkbox"/> Specific Term	I elect to receive my entire portion of the IRA Plan by taking payments over _____ year(s).
	<input type="checkbox"/> 5-Year Payout	I elect to receive my entire portion of the IRA Plan by 12/31 of the year containing the 5 th anniversary of the IRA Plan Depositor's death. <i>(Only available if the deceased IRA Plan Depositor was under the age of 70½ on the date of death).</i>
Additional options for Spouse only	<input type="checkbox"/> Spouse Treat as Own	I am the spouse of the deceased IRA Plan Depositor and I elect to treat my entire portion of the IRA Plan as my own IRA.
	<input type="checkbox"/> Spousal Exception	I am the spouse of the deceased IRA Plan Depositor and I elect to delay taking distributions until the year my spouse would have reached age 70½.

NOTE: You are responsible for taking your annual Required Minimum Distribution (RMD) from the IRA Plan. The Bank will not distribute your RMD unless you give the Bank timely written distribution instructions. Additional amounts may be withdrawn at any time.



4. PAYMENT OPTIONS

Specific Start Date is limited to any date between January 7th and December 28th. If date selected is a non-business day, the distribution will be processed on the first business day following the date.

Select One:	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	Specific Start Date _____
Select One:	<input type="checkbox"/> Deposit into my Bank of America <input type="checkbox"/> Checking <input type="checkbox"/> Savings # _____ State Opened _____ <input type="checkbox"/> Mail check to the address above.	

5. TAX WITHHOLDING ELECTION (REQUIRED)

Notice of Withholding Election: Distributions you receive from your Individual Retirement Account are subject to Federal Income Tax Withholding and may be subject to State tax withholding and/or Local income tax withholding based on your state and municipality of residence unless you elect not to have withholding apply. You are liable for Federal and applicable State and Local income taxes on the taxable portion of your distribution. If you elect not to have withholding apply to your distribution, or if you do not have enough tax withheld from your distribution, you may be responsible for payment of estimated taxes. You may also incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

Complete if you are providing a U.S. Physical Address:

Federal Withholding:

Important: Please note that if you do not make a withholding election, federal income tax will be automatically withheld from your distribution at a rate of 10%.

- Do not withhold federal income tax from my distribution.
 Withhold federal income tax from my distribution (check one):
 At a rate of 10% At a rate of _____% (must be greater than 10%)

State Withholding:

State withholding may also be required in certain states when you elect federal income tax withholding. State withholding can only be withheld for your state of residency. **North Carolina residents are required to complete form NC-4P (Withholding Certificate for Pension or Annuity Payments) for all North Carolina state withholding elections.**

The minimum required for the state of _____ is _____.

- Do not withhold state income tax from my distribution.
 Withhold state income tax from my distribution at the rate of _____%, or amount of \$ _____.

Local Withholding:

Important: Local withholding may also be required in certain states.

The minimum required for the municipality of _____ is _____.

- Do not withhold local income tax from my distribution.
 Withhold local income tax from my distribution at the rate of _____%, or amount of \$ _____.

Complete if you are providing a Foreign Physical Address:

Important: If you are a U.S. citizen with a foreign address, you may not waive the Federal withholding requirement and you must complete Form W-9. If you are a Non-Resident Alien, all IRA distributions are subject to a tax treaty rate or 30% tax withholding and you must complete Form W-8BEN.

- I am a U.S. Citizen or Resident Alien living abroad (check one)
Withhold: At a rate of 10% At a rate of _____% (must be greater than 10%)
 I am a Non-Resident Alien (check one)
Withhold: 30% Tax Treaty Rate of _____% Country _____

6. BENEFICIARY'S ACKNOWLEDGMENT (REQUIRED)

I acknowledge that I have read and completed this Form. I further acknowledge that neither the Bank nor its agents or employees have made any representations to me regarding tax or any other effects of my elections/instructions on this Form, and the Bank has advised me to speak to my tax advisor regarding my elections/instructions. I direct the Bank to effect the elections/instructions I have made on this Form and agree that the Bank and its agents and employees have no liability for any action or inaction taken by them in reliance upon such elections/instructions.

BENEFICIARY SIGNATURE

DATE

BANK INFORMATION

Date _____ Associate's Name _____

Banking Center Name _____ Associate's Phone Number _____



Instructions

BANK OF AMERICA RECOMMENDS YOU CONTACT YOUR TAX ADVISOR BEFORE MAKING YOUR ELECTION

A beneficiary of an IRA Plan should elect how to receive the proceeds of the IRA Plan no later than 09/30 of the year following the year of the IRA Plan Depositor's death. Any separate beneficiary accounts must be established by 12/31 of the year following the IRA Plan Depositor's death. Available options depend on the age of the IRA Plan Depositor, the relationship of the beneficiary to the IRA Depositor, and the type of IRA Plan.

Complete and sign the distribution form. Please give this form to the nearest Bank of America banking center, or mail to the following address:

Bank of America, N.A.
TX2-979-02-14
P.O. Box 619040
Dallas, TX 75261-9943

1. BENEFICIARY INFORMATION (REQUIRED)

Beneficiary Name	Enter the name of the beneficiary of the IRA plan. If the beneficiary is an entity, enter the name of the entity.
Social Security Number	Enter the Social Security Number for the beneficiary listed in the Beneficiary Name section. If the beneficiary is an entity, enter the Employer Identification Number (EIN).
Daytime Telephone Number	Enter the best daytime contact telephone number for the individual listed in the Beneficiary Name section.
Date of Birth	Enter the date of birth for the individual listed in the Beneficiary Name section. If the beneficiary is an entity, please leave this field blank.
Relationship to the Depositor	Enter the beneficiary's relationship to the deceased IRA plan depositor (example: Daughter, Mother, or Father). If the beneficiary is an entity, please leave this field blank.
Physical Street Address, City, State, Zip	Enter the physical street address for the beneficiary listed in the Beneficiary Name section. Please note: This must be a physical address to comply with the USA PATRIOT Act .
Mailing Address	Complete this field only if different from the physical address listed.
Country of Citizenship	Enter the country in which the beneficiary is a citizen. If the beneficiary is an entity, please leave this field blank.
Country of Residency	Enter the country in which the beneficiary resides. If the beneficiary is an entity, please leave this field blank.
Source of Income	Select the appropriate option from the list provided. If the beneficiary is an entity, please leave this section blank.
Employer Name (If Employment Selected)	Enter the employer name for the beneficiary's current employer (only if employment selected as source of income). If the beneficiary is an entity, please leave this field blank.
Occupation (If Employment Selected)	Enter the beneficiary's current occupation or job (only if employment selected as source of income). If the beneficiary is an entity, please leave this field blank.
Senior Political Figure and Politically Exposed Person	Indicate if you should be identified as a senior political figure or politically exposed person and provide details on the position held or relationship.

2. DECEASED DEPOSITOR INFORMATION (REQUIRED)

The Bank must have a certified copy of the death certificate in order to make distributions to a beneficiary. Additional documentation may be required.

Depositor's Name	Enter the name of the deceased IRA plan depositor.
Social Security Number	Enter the Social Security Number for the deceased IRA plan depositor.
Plan Number	Enter the plan number for the IRA plan that is being processed.
Plan Type	Select the Plan Type (Traditional or Roth) for the plan identified in the Plan Number section.
Date of Birth	Enter the date of birth for the deceased IRA plan depositor.
Date of Death	Enter the date of death for the deceased IRA plan depositor.



3. DISTRIBUTION OPTIONS (REQUIRED)

Please select only one of the payment options from the list. Selecting multiple options may delay the processing of your request.

Options for all beneficiaries	Lump Sum Distribution	Payment will be disbursed as a single lump sum to the beneficiary.
	Life Expectancy	Payments will be disbursed over the longer of the life expectancy of the beneficiary listed in the Beneficiary Name section or the remaining life expectancy of the deceased IRA plan depositor.
	Specific Amount	Payments will be disbursed as specified by the beneficiary (the beneficiary will be responsible to ensure that their disbursement amount meets IRS requirements). **
	Specific Term	Payments will be disbursed over a specified term as elected by the beneficiary (the beneficiary will be responsible to ensure that their disbursement amount meets IRS requirements). **
	5-year Payout	Payments will be disbursed by 12/31 of the 5th year post the year of death of the IRA plan depositor. **
Additional options for Spouse only	Spouse Treat as Own	Funds will be transferred into an IRA plan for the spouse honoring the deceased depositor's existing IRA plan terms, and the account will be treated as their own.
	Spousal Exception	Payments will be delayed until the deceased account holder would have reached 70½.

** Under these methods denoted above, additional amounts may be withdrawn at any time.

4. PAYMENT OPTIONS

Complete if you selected any option other than Lump Sum Distribution in Section 3 (if applicable).

- Select the frequency and enter a start date between January 7th and December 28th of the desired year (if date selected is a non-business day, the distribution will be processed on the first business day following the date).
- Select the payment method. If payments are to be deposited, select the account type and enter the account number and state opened.

5. TAX WITHHOLDING ELECTION

Complete if you are providing a U.S. Address	Federal Withholding	Select whether or not federal income taxes should be withheld from payment(s) and if so, enter the withholding rate. Please note: If you do not make a withholding election, federal income tax will be automatically withheld from your distribution at a rate of 10%.
	State Withholding	Indicate the state for which state income tax withholding should be processed as well as the minimum required state income tax withholding rate. Select whether or not state income taxes should be withheld from payment(s) and if so, enter the withholding rate. Please note: North Carolina residents are required to use form NC-4P (Withholding Certificate for Pension or Annuity Payments) for all North Carolina state withholding elections.
	Local Withholding	Indicate the municipality for which local income tax withholding should be processed as well as the minimum required local income tax withholding rate. Select whether or not local income taxes should be withheld from payment(s) and if so, enter the withholding rate.
Complete if you are providing a Foreign Address	Foreign Address	Select whether you are a U.S. Citizen or Resident Alien living abroad or you are a Non-Resident Alien and enter the rate at which federal income tax should be withheld from payment(s) as well as the Tax Treaty Country (if applicable). Please note: If you are a U.S. citizen or a Resident Alien with a foreign address, you may not waive the Federal withholding requirement and you must complete Form W-9. If you are a Non-Resident Alien, all IRA distributions are subject to a tax treaty rate or 30% tax withholding and you must complete Form W-8BEN.

6. BENEFICIARY'S ACKNOWLEDGMENT (REQUIRED)

- Please review the acknowledgment, sign and date where indicated.

BANK INFORMATION

- For Bank Use only.

For additional questions, please contact your nearest Bank of America banking center or our customer service associates are available toll-free at 1.888.827.1812 to answer questions and provide additional information.

