



This form should be completed and returned to Madison Trust Company when a trust is the account holder of an inherited IRA, and the trust is eligible and elects to receive IRA distributions over the life expectancy of the oldest trust beneficiary. The determination of whether the trust is so eligible is the sole responsibility of its trustee(s) and will not be made by Madison Trust Company or any of its affiliates, agents or employees. Do not provide a copy of the trust agreement or any part of it unless requested by Madison Trust Company.

Please complete and submit this form via one of the following methods:

Mail: Madison Administration Company, One Paragon Drive Suite 275, Montvale, NJ 07645 · **Fax:** (845) 947-1212 · **Secure Upload:** www.madisontrust.com/uploads

A. DECEDENT INFORMATION

First name	M.I.	Last name
Social Security Number	Date of birth	Date of death

B. TRUST INFORMATION

Name of Trust	Trust EIN	Date of Trust Agreement
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C. TRUSTEE INFORMATION

Include information for all current trustees. Attach additional pages if there are more than three current co-trustees.

Please select one: Sole trustee Co-trustee

First name	M.I.	Last name		
Mailing address	Apartment	City	State	ZIP code
Email address	Social Security Number			

Please select one: Sole trustee Co-trustee

First name	M.I.	Last name		
Mailing address	Apartment	City	State	ZIP code
Email address	Social Security Number			

Please select one: Sole trustee Co-trustee

First name	M.I.	Last name		
Mailing address	Apartment	City	State	ZIP code
Email address	Social Security Number			



D. BENEFICIARY INFORMATION

(List all beneficiaries named in the trust agreement, including contingent and remainder beneficiaries, along with a description of each's beneficial interest.)

PRIMARY BENEFICIARIES

Name of Beneficiary

First M.I. Last name Date of birth

Social Security Number Relationship to Decedent Description of beneficial interest

Name of Beneficiary

First M.I. Last name Date of birth

Social Security Number Relationship to Decedent Description of beneficial interest

Name of Beneficiary

First M.I. Last name Date of birth

Social Security Number Relationship to Decedent Description of beneficial interest

(Attach additional pages if more than three primary beneficiaries.)

CONTINGENT BENEFICIARIES

Name of Beneficiary

First M.I. Last name Date of birth

Social Security Number Relationship to Decedent Description of beneficial interest

Name of Beneficiary

First M.I. Last name Date of birth

Social Security Number Relationship to Decedent Description of beneficial interest

Name of Beneficiary

First M.I. Last name Date of birth

Social Security Number Relationship to Decedent Description of beneficial interest

(Attach additional pages if more than three contingent beneficiaries.)



REMAINDER BENEFICIARIES

Name of Beneficiary

_____	_____	_____	_____
First	M.I.	Last name	Date of birth
_____	_____	_____	
Social Security Number	Relationship to Decedent	Description of beneficial interest	

Name of Beneficiary

_____	_____	_____	_____
First	M.I.	Last name	Date of birth
_____	_____	_____	
Social Security Number	Relationship to Decedent	Description of beneficial interest	

Name of Beneficiary

_____	_____	_____	_____
First	M.I.	Last name	Date of birth
_____	_____	_____	
Social Security Number	Relationship to Decedent	Description of beneficial interest	

(Attach additional pages if more than three remainder beneficiaries.)

E. TRUSTEE CERTIFICATION

Then undersigned trustees certify the following with respect to the trust identified in A, above:

- 1) The information provided in this form is true and correct.
- 2) The trust is a valid trust under state law, or would be but for the fact that there is no corpus.
- 3) The trust is irrevocable.
- 4) The beneficiaries of the trust listed above are beneficiaries of the trust with respect to the decedent's plan or IRA benefits and are identifiable within the trust as an individual who is a designated beneficiary.
- 5) The trustees will notify Madison Trust Company promptly of any changes to the information provided as the result of an amendment to the trust or because the information has changed.

F. TRUSTEE SIGNATURE(S)

(All trustees must sign. Attach additional signature pages if there are more than three trustees.)

_____	_____	_____
Signature of trustee	Full name	Date
_____	_____	_____
Signature of trustee	Full name	Date
_____	_____	_____
Signature of trustee	Full name	Date