

IRA Beneficiary Claim Form Spouse



When complete please return to **Clipper Fund, P.O. Box 219167, Kansas City, MO 64121-9167.**
For overnight mail: **Clipper Fund, 430 W. 7th Street Suite 219167, Kansas City, MO 64105-1407.**
For assistance please call **Investor Services at 1-800-432-2504.**
Funds are available to U.S. Citizens or resident aliens only.

TO ENSURE PROPER PROCESSING, PLEASE PRINT CLEARLY IN CAPITAL LETTERS USING BLACK INK

A. INSTRUCTIONS

- This form is to be used by the beneficiary of an IRA to claim assets after the death of the IRA owner. In order to process, your signature must be certified with a 2000/Medallion Guarantee Stamp.
- These instructions are not intended as tax or legal advice. Information regarding distribution options can be found in IRS Publication 590-B, which is available online at www.irs.gov.
- We recommend that you consult your professional tax advisor prior to choosing a distribution option.
- **NOTE: An IRA Application is required to establish an Inherited IRA Account** unless requesting a Lump Sum distribution in Section E.

B. DECEASED IRA OWNER'S INFORMATION

Deceased IRA Owner's Name (First, MI, Last)

Account Number(s)

Social Security Number

Date of Birth

Date of Death

C. SPOUSE BENEFICIARY INFORMATION

Name of Beneficiary (First, MI, Last) or Entity

Residential Street Address

Suite/Apartment

City

State

Zip Code

Daytime Telephone Number

SSN

Date of Birth

D. FINAL REQUIRED MINIMUM DISTRIBUTION INSTRUCTIONS

Deceased IRA Owner's Required Minimum Distribution (RMD) for year of death.

- Not applicable for Roth IRAs.
- These amounts must be paid to you. Check and complete if applicable.
- I have calculated the final RMD. Please distribute \$ _____. (Proceed to Section G)
- Please calculate and distribute any outstanding final RMD. (Proceed to Section G)
- No Distribution. The final RMD has already been distributed **OR** I waive removing any outstanding final RMD at this time. Generally, any outstanding final RMD must be removed by December 31 of the year of the IRA owner's death.



E. DISTRIBUTION OPTIONS

As a Beneficiary, the distribution options available to you depend on several factors such as your relationship to the deceased IRA holder and the year in which the IRA holder passed away. We recommend you consult with a professional tax advisor regarding any election you make below. Additional information may also be found in IRS Publication 590-B, found on the internet at www.irs.gov.

Please select only **ONE** option:

1. **I would like to treat this IRA as my own**—(Select one option and proceed to Section J)

- Please invest proceeds into my existing Clipper Fund IRA account _____.
- Please invest proceeds into a new account. I have attached a Clipper Fund IRA Account Application.

2. **Single Life Expectancy Payments**—(Proceed to Section F)

▪ *By selecting this option, I understand that there will be systematic distributions from my account. These are annual distributions based on the single life expectancy of either the beneficiary or the deceased IRA owner. The amount may be recalculated or non-recalculated depending on the circumstances such as the beneficiary's relationship and the age of the deceased IRA owner. Additional distributions may be requested at any time.*

3. **Ten Year Rule**—**ONLY SELECT if:**

▪ **Decedent passed away after January 1, 2020.** (Proceed to Section F)
By selecting this option, I understand that the account will be systematically depleted over 10 years. Additional distributions may be requested at any time.

4. **Five Year Rule**—**ONLY SELECT if:**

▪ **Decedent passed away after January 1, 2020.** (Proceed to Section F)
By selecting this option, I understand that the account will be systematically depleted over 5 years. May only be used as an option if the decedent died before his or her required beginning date. The assets must be fully distributed to the beneficiary no later than December 31 of the fifth year following the decedent's death. Additional distributions may be requested at any time.

5. **Partial Distribution**—Please complete Sections A, B, and C.

- a. **One Time** (complete selections below and proceed to Section G)
- Systematic** (complete selections below and proceed to Section F)
- b. **Net**—Distribute the following dollar amount \$_____ or _____% from the account.
I authorize and direct Clipper Fund to redeem additional fund shares in the amounts necessary to pay any charges and federal and/or state tax withholding.
- Gross**—Distribute the following dollar amount \$_____ or _____% from the account.
I understand the amount of the distribution I receive will be reduced by any federal and/or state tax withholding.
- c. **Distribute from All Funds**—The above amount or percentage will be distributed from each Fund in the account.
- Distribute from Specific Funds**—Please indicate the Fund(s) and redemption amount(s) below.

| | | | | |
|-------------|-----------|------------|----|----------|
| _____ | _____ | _____ % | or | \$ _____ |
| Fund Number | Fund Name | Percentage | | Amount |
| _____ | _____ | _____ % | or | \$ _____ |
| Fund Number | Fund Name | Percentage | | Amount |
| _____ | _____ | _____ % | or | \$ _____ |
| Fund Number | Fund Name | Percentage | | Amount |

6. **Lump Sum**—Full liquidation. (Proceed to Section G)

7. **I opt not to take a distribution at this time**—(Proceed to Section J)

▪ I understand that it is my responsibility to take any distributions required in accordance with the distribution options available for my beneficiary type and that failure to do so may result in penalties assessed by the IRS. *Please contact Investor Services for assistance.*

F. SYSTEMATIC DISTRIBUTIONS

- If the frequency and withdrawal date are not selected for either Single Life Expectancy, Five Year Rule, or Ten Year Rule distribution options, we will default to annually on the 25th of the current month.
- If the withdrawal date falls on a non-business day, the transaction will be made on the following business day.
- Generally, single life expectancy payments must begin by December 31 of the year following the death of the IRA owner.
- Dollar amount of systematic distributions will vary by selected distribution options and daily fair market value of account.
- All beneficiaries should review the IRA rules regarding Inherited IRAs.

1. I elect to start the ongoing deductions on: Month _____ Day _____ Year _____.

2. Frequency (select one): Distribute every month or Distribute only in the month(s) chosen below:

Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

3. Indicate the day of the month you wish to schedule your payments: _____.

G. DELIVERY INSTRUCTIONS

Choose One:

- By Check: Standard mail to the address of record.
- ACH transfer to bank account. Please indicate your bank account.
- Wire transfer to bank account. **There is a \$5 fee for this service. Wire transfer is not an available option on systematic distributions.** Please indicate your bank account.

Please complete this section if you wish to transfer funds electronically to and from your bank.

Bank Account Registration

Name of Banking Institution

Telephone Number of Banking Institution

ACH Routing Number

Bank Account Number

WIRE Routing Number (If different than ACH Routing Number)

Please Indicate: Checking Savings

H. W-4P TAX WITHHOLDING ELECTION

Federal Tax Withholding¹:

Distributions from your IRA are subject to federal income tax withholding of 10% unless you elect not to have withholding apply by checking the box below.

If no election is made, 10% will be withheld. Distributions from your Roth IRA are not subject to income tax withholding unless you elect to have withholding apply.

Choose one:

- Do NOT withhold federal taxes.
- Withhold federal taxes at a rate of:
Minimum 10%, maximum 100%. Whole numbers, no dollar amounts.

Percentage

_____ %

State Tax Withholding:

If federal income tax withholding is applied to your distribution, your state may also require state income taxes to be withheld. State laws regarding tax withholding are subject to change at any time without notice.

If your state requires withholding, Clipper Fund will withhold at least the required minimum state tax, regardless of your election.

Clipper Fund offers state tax withholding for the following states:

AR, CA, CT², DE, DC, IA, KS, ME, MD, MA, MI², MS, NE, NC, OK, OR, VT and VA

Choose one:

- Do NOT withhold state taxes.
- Withhold state taxes at the applicable rate OR at a rate of:

Percentage

_____ %

1. For systematic distributions, the withholding elections indicated above will remain effective until you change them. You may change or revoke your elections at any time by calling Investor Services.
2. For Connecticut and Michigan residents: State withholding is **mandatory** unless a completed CT-W4P or MI W-4P Form is submitted. This tax information is for informational purposes only and should not be considered legal or tax advice. We do not provide tax or legal advice and will not be liable for any decision you make based on this or other generated tax information we provide. Always consult a tax or legal professional before making financial decisions.

I. ADDITIONAL INSTRUCTIONS

J. SIGNATURE

The undersigned individual authorizes the withdrawal specified within and the withholding election completed in Section H. It is the undersigned's responsibility to determine correctly the amount of tax that may be due based on all IRA accounts the undersigned may own (including those unknown by or not under the control of the Custodian). The undersigned agrees to indemnify and hold harmless the Custodian and its agents and service providers, including Clipper Fund from any losses or expenses incurred if such information is not correct. The undersigned acknowledges that it is his/her responsibility to properly calculate, report, and pay all taxes due with respect to the withdrawal specified above.

Substitute Form W-9

I certify under penalty of perjury that:

1. The number shown on this application is my correct Taxpayer Identification number, **and**
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person or a U.S. Resident Alien.

You must cross out item number 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications above to avoid backup withholding.

Signature

Capacity (e.g. Beneficiary, Executor)

Date

Place 2000/MedallionGuarantee Stamp Here