

# BRIDGEWAY FUNDS SPOUSE BENEFICIARY IRA INHERITANCE REQUEST FORM

## ORIGINAL IRA OWNER'S INFORMATION

The following IRA owner has passed. I am requesting that you transfer ownership of the inherited proceeds to me as surviving spouse.

ORIGINAL IRA OWNER'S NAME: \_\_\_\_\_  
FIRST NAME MIDDLE INITIAL LAST NAME

ORIGINAL IRA OWNER'S ACCOUNT NUMBER: \_\_\_\_\_  ROTH IRA  \*TRADITIONAL IRA / SEP IRA / SIMPLE IRA

DECEDENT'S BIRTH DATE: \_\_\_\_\_ DECEDENT'S DATE OF DEATH: \_\_\_\_\_

*\*For Traditional, SEP and SIMPLE IRAs - If the IRA owner's death occurred on or after their required beginning date<sup>1</sup> for Required Minimum Distributions (RMD) and they had not distributed their RMD amount due for the year of death, the custodian will distribute the RMD to the beneficiary(ies) prior to establishing an inherited IRA unless you certify it was already satisfied from another IRA*

As the designated beneficiary, trustee, executor, or personal representative I certify that the IRA owner's RMD, due in the year of death, has been satisfied.

<sup>1</sup> Required Beginning Date is April 1 of the year after the year the owner turned age 70 ½ for owners born before July 1, 1949.  
Required Beginning Date is April 1 of the year the owner reaches age 73 for owners born on or after July 1, 1949.

### CHECK ALL THAT APPLY:

- DEATH CERTIFICATE IS:  ATTACHED or  WAS PROVIDED UNDER SEPARATE COVER  
 IF APPLICABLE, A NOTARIZED AFFIDAVIT OF DOMICILE ("AOD"):  IS ATTACHED or  WAS PROVIDED UNDER SEPARATE COVER  
 IF APPLICABLE, AN INHERITANCE TAX WAIVER:  IS ATTACHED or  WAS PROVIDED

## SPOUSE/BENEFICIARY INFORMATION

I am entitled to the assets as the designated spouse beneficiary or if no beneficiary is on record I affirm I was married to the owner on the date of their death and under the terms of the beneficiary default provisions. **(Please print)**

\_\_\_\_\_  
FIRST NAME MIDDLE INITIAL LAST NAME

STREET CITY STATE ZIP

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

## INHERITANCE ELECTION – PLEASE READ ALL OPTIONS CAREFULLY. (SELECT EITHER A, B OR C)

A.  I CHOOSE TO TREAT THE IRA AS MY OWN (Choose either option 1 or 2 below) – I understand future distributions from my IRA will be reported on IRS Form 1099-R as a distribution to me based on my age and may be subject to withholding based on previous withholding elections (if any) on file and that I may provide withholding elections in writing. I understand an IRA Distribution Request form may be required for certain distributions.

1.  Establish an IRA in my name with the attached **Bridgeway Funds COMBINED IRA ACCOUNT APPLICATION AND ADOPTION AGREEMENT** transferring the inherited assets into the same investment fund(s). *(Exchange privileges are available once the transfer is complete.)*  
2.  Transfer the inherited proceeds into my existing **Bridgeway Funds**  Traditional IRA or  Roth IRA Account Number: \_\_\_\_\_ into the same investment fund(s). *(Exchange privileges are available once the transfer is complete.)*

B.  ESTABLISH AN INHERITED IRA ACCOUNT - for the purpose of maintaining the inherited proceeds for life expectancy, systematic, partial, or future year inheritance distributions. I understand that all distributions from the inherited IRA will be reported on IRS Form 1099-R as a death distribution (Code 4), under my name and Social Security Number.

Please attach the **Bridgeway Funds INHERITED IRA FOR NON-SPOUSE, TRUST, ESTATE OR ENTITY APPLICATION AND ADOPTION AGREEMENT** completing the Inherited IRA DESIGNATED BENEFICIARY (A PERSON) and indicate SPOUSE BENEFICIARY ELECTING TO BE TREATED AS A BENEFICIARY. Your inherited proceeds will be transferred into the same investment fund(s). *(Exchange privileges are available once the transfer is complete.)*

**Note:** To establish required minimum life expectancy distributions, also complete the **Bridgeway Funds INHERITED IRA DISTRIBUTION REQUEST FORM**.

C.  LIQUIDATE IN FULL (entire balance) as a reportable distribution. I understand that the distribution will be reported on IRS Form 1099-R as a death distribution (Code 4), under my name and Social Security Number. I understand the custodian will issue a check payable to me that will be mailed to the beneficiary street address provided previously unless I provide alternate delivery instructions below by completing option 1 or 2 below:

1.  TRANSFER FUNDS ELECTRONICALLY VIA ACH\* - *(voided check or savings deposit slip required)*  Checking  Savings

NAME OF INSTITUTION: \_\_\_\_\_

BANK ROUTING NUMBER: \_\_\_\_\_ BANK ACCOUNT NUMBER: \_\_\_\_\_

BANK ACCOUNT REGISTRATION: \_\_\_\_\_

**\*THE BANK ACCOUNT REGISTRATION MUST INCLUDE YOUR NAME**

BANK ACCOUNT ADDRESS: \_\_\_\_\_

PO BOX or STREET

CITY STATE ZIP

2.  MAIL A CHECK TO AN ALTERNATE PAYEE AND / OR AN ALTERNATE ADDRESS

ALTERNATE PAYEE: \_\_\_\_\_

ALTERNATE ADDRESS: \_\_\_\_\_  
PO BOX or STREET

CITY STATE ZIP

**TAX WITHHOLDING**

**Federal Withholding:** Federal income tax will be withheld at the rate of 10% from any distribution, subject to the IRS withholding rules, unless you elect a withholding rate of 0% below or have previously elected out of withholding. Tax will be withheld on the gross amount of the payment even though you may be receiving amounts that are not subject to withholding because they are excluded from gross income. This withholding procedure may result in excess withholding on the payments. If you elect to have no federal taxes withheld from your distribution, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

- I elect federal income tax withholding of 0%, do not withhold federal income tax from my distributions.\*
- I elect federal income tax withholding of \_\_\_\_\_% must be a whole percent, you may elect any rate from 1% to 100%.\*

See the attached Form W-4R Withholding Certificate for Nonperiodic Payments which has the **Marginal Rate Tables** and "**Suggestion for determining withholding**" instructions. You may use these tables and instructions to help you select the appropriate withholding rate.

\*Generally, you can't elect less than 10% federal income tax withholding for payments to be delivered outside the United States and its possessions.

**State Withholding:** Your state of residence will determine your state income tax withholding requirements, if any. Those states with mandatory withholding may require state income tax to be withheld from payments if federal income taxes are withheld or may mandate a fixed amount regardless of your federal tax election. Voluntary states let individuals determine whether they want state taxes withheld. Some states have no income tax on retirement payments. Please consult with a tax advisor or your state's tax authority for additional information on your state requirements.

- I elect **NOT TO** have state income tax withheld from my retirement account distributions (only for residents of states that do not require mandatory state tax withholding).
- I elect **TO** have the following dollar amount or percentage withheld from my retirement account distribution for state income taxes (for residents of states that allow voluntary state tax withholding). \$ \_\_\_\_\_ or \_\_\_\_\_ %

**SIGNATURE (Required)**

I certify that on the date of the death of the owner of the IRA Account we were legally married, and I am authorized to make these elections and that all information provided is true and accurate. I further certify that the Custodian, the **Bridgeway Funds**, or any agent of either of them has given no tax or legal advice to me, and that all decisions regarding the elections made on this form are my own. The Custodian is hereby authorized to act as instructed. The Custodian may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences, which may arise from the election(s) and agree that the Custodian, **Bridgeway Funds**, and their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form.

Substitute W-9 - Under penalties of perjury, I certify that:

- 1. The number shown on this form 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. citizen or other U.S. person (as defined in the Form W-9 instructions found at [www.irs.gov](http://www.irs.gov)).
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Cross out item 2 above if the IRS has notified you 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 required to avoid backup withholding.

X Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*MEDALLION GUARANTEE**

**\*MEDALLION STAMP**

**\*MEDALLION STAMP IS REQUIRED TO TRANSFER OWNERSHIP**

Medallion Signature Guarantee Stamp and Signature (If required): An eligible guarantor is a domestic bank or trust company, securities broker/dealer, clearing agency or savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (known as STAMP), Stock Exchanges Medallion Program (SEMP), and the Medallion Signature Program (MSP). A notarization from a notary public is NOT an acceptable substitute for a signature guarantee.

Beneficiary capacity is maintained by the custodian as part of the original IRA owner's account records and the guarantor is not certifying the beneficiary status.

**Mail to the following:**

**First Class Mail:**

Bridgeway Funds  
P.O. Box 534435  
Pittsburgh, PA 15253-4435

**Overnight Mail:**

Bridgeway Funds  
ATTENTION: 534435  
500 Ross Street 154-0520  
Pittsburgh, PA 15262

**Customer Service:**

1-800-661-3550