BRIDGEWAY FUNDS NON-SPOUSE, TRUST, ESTATE OR ENTITY 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.

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

**For Traditional, SEP and SIMPLE IRAs - If the IRA owner's death occurred on or after their required beginning date[1] 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. Year of Death _____*

[1] *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.*

DECEDENT'S BIRTH DATE: _____ **DECEDENT'S DATE OF DEATH:** _____

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 UNDER SEPARATE COVER

BENEFICIARY INFORMATION – COMPLETE A OR B

This request is made in accordance with the IRA owner's beneficiary designation or under the terms of the beneficiary default provisions (spouse, or if no surviving spouse then the estate of the deceased owner).

IF YOU ARE A SPOUSE BENEFICIARY, PLEASE COMPLETE THE SPOUSE BENEFICIARY – IRA INHERITANCE REQUEST FORM.

In my capacity, I am requesting the portion of the decedent's IRA that the below listed beneficiary is entitled to be transferred into an inherited IRA or liquidated as instructed.

A. NON-SPOUSE BENEFICIARY - LIVING PERSON

_____
FIRST NAME MIDDLE INITIAL LAST NAME

_____
STREET ADDRESS OF THE BENEFICIARY (REQUIRED)

_____
CITY STATE ZIP

BENEFICIARY SOCIAL SECURITY NUMBER: _____ BENEFICIARY DATE OF BIRTH[2]: _____

RESPONSIBLE INDIVIDUAL[2]: _____
FIRST NAME MIDDLE INITIAL LAST NAME

RESPONSIBLE INDIVIDUAL SOCIAL SECURITY NUMBER: _____ RESPONSIBLE INDIVIDUAL DATE OF BIRTH: _____

[2] This form must be signed by the parent or legal guardian of the beneficiary as responsible individual when the beneficiary is a minor under state law.

B. NON-SPOUSE BENEFICIARY - ENTITY - PLEASE SELECT 1, 2 or 3

1. ☐ **ESTATE** **2.** ☐ **TRUST** **3.** ☐ **OTHER ENTITY**

ENTITY'S TAX ID**:** _____ DO NOT LIST THE DECEDENT'S SOCIAL SECURITY NUMBER
PLEASE REFER TO IRS *FORM SS-4 – APPLICATION FOR EMPLOYER IDENTIFICATION NUMBER*

_____
NAME OF ENTITY BENEFICIARY **- (**ESTATE OF DECEASED OWNER / NAME AND DATE OF TRUST / OTHER - EXAMPLE - CHARITABLE ORGANIZTION OR FOUNDATION**)**

_____
STREET ADDRESS OF THE BENEFICIARY (REQUIRED)

_____
CITY STATE ZIP

PLEASE COMPLETE BELOW FOR THE INDIVIDUAL SIGNING THIS FORM ON BEHALF OF THE ENTITY LISTED ABOVE.
IF MORE THAN INDIVIDUAL IS REQUIRED TO SIGN PLEASE ATTACH A SEPARATE SHEET AND PROVIDE INFORMAITON FOR EACH AUTHORIZED INDIVIDUAL.

AUTHORIZED INDIVIDUAL: _____
FIRST NAME MIDDLE INITIAL LAST NAME

AUTHORIZED INDIVIDUAL SOCIAL SECURITY NUMBER: _____ AUTHORIZED INDIVIDUAL DATE OF BIRTH: _____

AUTHORIZED INDIVIDUAL TITLE: _____

INHERITANCE ELECTION – PLEASE READ EACH OPTION CAREFULLY**. (SELECT EITHER A OR B)**

A. ☐ **ESTABLISH AN INHERITED IRA ACCOUNT** with the attached application for the purposes of maintaining the inherited proceeds for life expectancy, systematic, partial, or future year inheritance distributions (reported on IRS Form 1099-R, under Code 4 - death distribution).

Please complete and attach a Bridgeway Funds NON-SPOUSE, TRUST, ESTATE OR ENTITIY INHERITED IRA ACCOUNT APPLICATION AND ADOPTION AGREEMENT. The 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.**

B. ☐ **LIQUIDATE IN FULL (entire balance)** as a reportable distribution. I understand the distribution will be reported on IRS Form 1099-R as a death distribution (Code 4), under the name and tax id of the non-spouse beneficiary, estate, trust, or other entity. **Note:** You must also complete the Tax Withholding Election section. I authorize the custodian to mail a check[1] to the beneficiary street address unless instructions to mail a check to an alternate address or transfer funds electronically via ach into a bank account for the beneficiary are provided below.

☐ **MAIL CHECK TO ALTERNATE ADDRESS[1]:** _____
PO BOX or STREET

_____
CITY STATE ZIP

[1] Please provide an alternate address for delivery of the check if you do not want a check mailed to the beneficiary street address. The check will be made payable directly to the beneficiary, the custodian will not issue a check payable to a third party, including, but not limited to, a check payable to the underlying beneficiary(ies) of a trust or estate.

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

BANK NAME: _____

BANK ROUTING NUMBER: _____ BANK ACCOUNT NUMBER:_____

BANK ACCOUNT REGISTRATION*: _____
***THE BANK ACCOUNT REGISTRATION MUST INCLUDE THE NON-SPOUSE, TRUST, ESTATE OR ENTITIY BENEFICIARY**

BANK ACCOUNT ADDRESS[2]: _____
CITY STATE ZIP

[2]The address the bank has on record for the owner of the bank account.

TAX WITHHOLDING - (*REQUIRED WHEN INHERITANCE ELECTION "LIQUIDATE IN FULL" IS SELECTED)*

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 TAX 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 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).

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: _____

(BENEFICIARY, RESPONSIBLE INDIVIDUAL, OR AUTHORIZED INDIVIDUAL FOR ENTITY - EXECUTOR, TRUSTEE, OFFICER ETC.)

*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
1350 Penn Avenue Suite 102
Pittsburgh, PA 15222

Customer Service:
1-800-661-3550

Substitute W-4R 2026 - Withholding Certificate for Nonperiodic Payments – For use with IRAs ONLY

Where instructed to provide your withholding election on "line 2" use the space provided on the attached form under "Federal Income Withholding Election."

2026 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See below for more information on how to use this table.

Single or Married filing Separately		**Married filing jointly or Qualifying surviving spouse**		**Head of household**	
Total income over—	**Tax rate for every** dollar more	*Total income over—*	**Tax rate for every dollar more**	*Total income over—*	**Tax rate for every dollar more**
$0	0%	$0	0%	$0	0%
16,100	10%	32,200	10%	24,150	10%
28,500	12%	57,000	12%	41,850	12%
66,500	22%	133,000	22%	91,600	22%
121,800	24%	243,600	24%	129,850	24%
217,875	32%	435,750	32%	225,900	32%
272,325	35%	544,650	35%	280,350	35%
656,700*	37%	800,900	37%	664,750	37%
*If married filing separately, use $400,450 instead for this 37% rate.					

General Instructions: Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to *www.irs.gov/FormW4R*.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See below for the rules and options that are available for each type of payment.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering "-0-" on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including "-0-") on any payments to be delivered outside the United States and its territories .

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2026, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter "-0-" on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 2 - More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including "-0-") if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter "-0-".

Suggestion for determining withholding. Consider using the Marginal Rate Tables above to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See Example 1 below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See Example 2 below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be $20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be $70,000 without the payment. Step 1: Because your total income without the payment, $70,000, is greater than $66,500 but less than $121,800, the corresponding rate is 22%. Step 2: Because your total income with the payment, $90,000, is greater than $66,500 but less than $121,800, the corresponding rate is 22%. Because these two rates are the same, enter "22" on line 2.

Example 2. You expect your total income to be $60,000 without the payment. Step 1: Because your total income without the payment, $60,000, is greater than $28,500 but less than $66,500, the corresponding rate is 12%. Step 2: Because your total income with the payment, $80,000, is greater than $66,500 but less than $121,800, the corresponding rate is 22%. The two rates differ. $6,500 of the $20,000 payment is in the lower bracket ($66,500 less your total income of $60,000 without the payment), and $13,500 is in the higher bracket ($20,000 less the $6,500 that is in the lower bracket). Multiply $6,500 by 12% to get $780. Multiply $13,500 by 22% to get $2,970. The sum of these two amounts is $3,750. This is the estimated tax on your payment. This amount corresponds to 19% of the $20,000 payment ($3,750 divided by $20,000). Enter "19" on line 2.