

# INHERITED IRA INSTRUCTIONS AND FORMS

#### WHAT'S INSIDE?

#### 1 Understanding Your Options as a Beneficiary

Options Available to Traditional, SEP, SARSEP and SIMPLE IRA Beneficiaries

Options Available to Roth IRA Beneficiaries

Summary of Traditional, SEP, SARSEP and SIMPLE IRA Beneficiary Distribution Options

#### 3 Required Documentation

Account Registration

Distributions

Trust Certification (if applicable)

4 Glossary

- 7 Inherited IRA Account Registration and Distribution Form
- 15 Trust Certification for OppenheimerFunds Retirement Plans

At OppenheimerFunds, we understand that making decisions regarding an inherited retirement account can be a difficult task during a trying time. This booklet is designed to help the process go as smoothly as possible.

While we can provide basic information on your options and obligations as a beneficiary, we recommend consulting a financial advisor or tax specialist for guidance specific to your circumstances. OppenheimerFunds also offers a brochure, *Planning Your IRA Distributions* (RE0000.487), which provides a more detailed overview of the subject. To obtain a copy, order it online at **oppenheimerfunds.com** or contact us at **800.835.7305**.

# Understanding Your Options as a Beneficiary

#### OPTIONS AVAILABLE TO TRADITIONAL, SEP, SARSEP AND SIMPLE IRA BENEFICIARIES

Three key factors determine your distribution options as a Traditional, SEP, SARSEP and SIMPLE IRA beneficiary:

1. Your relationship to the original account owner Different rules apply for spouse and non-spouse beneficiaries, as well as *non-designated beneficiaries*, such as charities, estates and certain trusts. Spouses may choose to remain as beneficiaries, or roll over the inherited account to a new IRA and treat it as their own. All others must remain as beneficiaries.

2. The date of the account owner's death Your options also depend on whether the account owner died before or after the date upon which he or she would have had to start making mandatory with-drawals, called *required minimum distributions* (*RMDs*), from the account. This date, known as the *required beginning date (RBD)*, is April 1 of the year following the year in which an account owner reaches (or would have reached) age 70½.

#### 3. Whether or not you are the account's sole

**beneficiary** Spouses who are sole beneficiaries have more options than those who inherit accounts with multiple beneficiaries. In addition, multiple beneficiaries must use the oldest beneficiary's life expectancy if the account is not split by December 31 of the year following the year of the account owner's death. It is possible—and may be advantageous—to split the inherited IRA and become the sole beneficiary of your portion.

#### OPTIONS AVAILABLE TO ROTH IRA BENEFICIARIES

If you inherited a Roth IRA from a spouse, you may treat the account as your own, and therefore, there are no RMDs. Non-spouse beneficiaries must take distributions according to either the **five-year rule** or the **life-expectancy method** using the Single Life Expectancy table. Beneficiaries with no life expectancy, such as charities and estates, may be required to use the five-year rule.

#### SUMMARY OF TRADITIONAL, SEP, SARSEP AND SIMPLE IRA BENEFICIARY **DISTRIBUTION OPTIONS**

This table lists the options available to beneficiaries who elect to establish an inherited account for the purpose of taking distributions. If the account owner died on or after his or her RBD, distributions may be determined using the longer of the remaining single life expectancy of the deceased account owner or the single life expectancy of the designated beneficiary.

	Beneficiary Type	Options if Original Account Owner Died Before RBD	Options if Original Account Owner Died <i>On</i> or <i>After</i> RBD
Designated Beneficiaries	Spouse is sole primary beneficiary <sup>1</sup>	<ul> <li>Transfer to my own IRA</li> <li>Defer distributions until December 31 of the year that the account owner would have attained 70½</li> <li>Single life-expectancy distributions based on <i>effective age</i> of spouse in the year after original account owner's death (recalculated each year)</li> <li>Five-year rule (includes lump sum distribution)</li> </ul>	<ul> <li>Transfer to my own IRA</li> <li>Single life-expectancy distributions based on effective age of beneficiary in the year after original account owner's death (recalculated each year)</li> <li>Lump sum distribution</li> </ul>
	Non-spouse beneficiaries	<ul> <li>Single life-expectancy distributions based on effective age of each beneficiary in the year after original account owner's death, decreased by one each year</li> <li>Five-year rule (includes lump sum distribution)</li> </ul>	<ul> <li>Single life-expectancy distributions based on effective age of each beneficiary in the year after original account owner's death decreased by one each year</li> <li>Lump sum distribution</li> </ul>
	Multiple beneficiaries (includes <i>Per Stirpes and</i> <i>Per Capita)</i>	<ul> <li>Single life-expectancy distributions based on effective age of each beneficiary in the year after original account owner's death decreased by one (if account split by December 31 of the year following the year of death)</li> <li>Five-year rule (includes lump sum distribution)</li> </ul>	<ul> <li>Single life-expectancy distributions based on effective age of each beneficiary in the year after original account owner's death decreased by one (if split by December 31 of the year following year of death)</li> <li>Lump sum distribution</li> </ul>
Non-designated Beneficiaries	Charities and Estate	<ul> <li>Five-year rule (includes lump sum distribution)</li> </ul>	<ul> <li>Single life-expectancy distributions based on effective age of the original account owner in year of death decreased by one each year</li> <li>Lump sum distribution</li> </ul>
	Trusts <sup>2</sup>	<ul> <li>If trust meets <i>look-through trust</i> requirements, single life-expectancy distributions based on effective age of eldest beneficiary named in trust decreased by one</li> <li>If trust does <b>not</b> meet look-through trust requirements, five-year rule (includes lump sum distribution)</li> </ul>	<ul> <li>If trust meets look-through trust requirements, single life-expectancy distributions based on effective age of eldest beneficiary named in trust or effective age of original account owner decreased by one each year (if entity listed as beneficiary)<sup>3</sup></li> <li>If trust does <b>not</b> meet look-through trust requirements, lump sum distribution or single life-expectancy distributions based on effective age of the original account owner in year of death decreased by one each year</li> </ul>

A spouse who is the sole account beneficiary always has the ability to roll over the inherited account to his or her own IRA.
 Distribution options depend on whether the trust qualifies as a look-through trust and is eligible to be treated as a designated beneficiary for distribution purposes. 3. If an individual or multiple individuals are named as beneficiaries of a trust, the eldest individual's life expectancy is used.

# **Required Documentation**

#### **ACCOUNT REGISTRATION**

To have an inherited account(s) transferred to your name, please provide OppenheimerFunds with the following documents:

- Death Certificate
- Inherited IRA Account Registration and Distribution Form

#### **DISTRIBUTIONS**

For inherited Traditional and Roth IRAs, use the Inherited IRA Account Registration and Distribution Form (RE0002.040) (included in this booklet) to register the account in your name and request a distribution. SEP, SARSEP and SIMPLE IRA beneficiaries may use the Distribution Request Form to roll their account to an inherited Traditional IRA and request a distribution.

#### **TRUST CERTIFICATION (IF APPLICABLE)**

If the beneficiary is a "trust" we must also receive:

- A completed and signed Trust Certification Form (included).
- A copy of the first page of the trust document (showing the full name and date of the trust).
- A copy of the signature page(s) of the trust
- A copy of the relevant pages of the trust, which identify the trustees and successor trustees of the trust. (If necessary, we reserve the right to request a complete copy of the complete trust document.)

If the beneficiary is an "estate" we must also receive:

 A copy of the Letters Testamentary or Letters of Administration, naming the executor/executrix or administrator/administratrix of the estate.

**Note:** An *Affidavit of Small Estate* may be used in lieu of Letters Testamentary/Letters of Administration if the decedent's estate meets the requirements of the applicable jurisdiction.

### Glossary

Affidavit of Small Estate A written statement made under oath before a notary public, asserting certain facts pertaining to a deceased person's estate. The exact content of this document is governed by state law. This affidavit, if allowed by state law, can be used in lieu of Letters Testamentary or Letters of Administration. Contact the clerk of the probate court in the decedent's local jurisdiction to find out how small estates are handled.

**Death certificate** A document, issued by the local jurisdiction in which a person dies, that states the date, place, cause and other circumstances surrounding a person's death. It is used to verify age and marital status at the time of death and that the owner of an account is actually deceased.

**Designated beneficiary** An individual who has been identified as a primary beneficiary by the account owner, or by default under terms of the plan, and is entitled to a portion of the account upon the death of the account owner. Entities such as estates or charities are not considered designated beneficiaries because they are not natural persons, and have no life expectancy.

**Effective age** The age of the beneficiary as of December 31 in the year of the account owner's death.

**Five-year rule** A distribution option available for retirement plans that requires the beneficiary to deplete the inherited plan by December 31 of the year containing the fifth anniversary of the original account owner's death.

**Letters Testamentary/Letters of Administration** The documents issued by a court appointing an executor, administrator or fiduciary for a deceased owner's estate.

**Life-expectancy method** A form of distribution available to beneficiaries, which is based on the fair market value of the inherited account, divided by a life expectancy divisor from the Single Life Expectancy Table published by the IRS.

**Look-through trust** A trust must meet certain requirements in order to qualify as a designated beneficiary. Individuals who are among multiple beneficiaries may not be designated beneficiaries if a non-individual, such as a charity or nonqualified trust, also is listed as one of the beneficiaries. However, if all beneficiaries of the trust are individuals and the trust meets the four following requirements, they may be treated as designated beneficiaries. The four requirements are: trust is valid under state law; trust is irrevocable; the beneficiaries of the trust are identifiable; and the required trust documentation is provided to the Trustee no later than October 31 of the year following the year of the IRA owner's death.

**Non-designated beneficiary** An entity with no life expectancy that has been identified as a beneficiary by the account owner, or by default under terms of the plan, and

is entitled to a portion of the account upon the death of the account owner. Examples include estates, trusts, or charities that are not natural persons and therefore do not have a life expectancy.

**Per capita** All surviving children get an equal share of the account. According to this method, there is no representation, so grandchildren will not receive a share if any children are still living.

**Per capita (at each generation)** All beneficiaries of the same generation always get an equal share of the account. Considering the example in the per stirpes section, according to this method the first child still receives one-third of the account, however, unlike above, the remaining two-thirds of the account is split evenly by all the grandchildren, because they are the same generation. This means they would each receive one-third of the remaining two-thirds of the account (that is, each of the three grandchildren would receive two-ninths of the account).

**Per stirpes/Per capita (with representation)** All surviving children receive an equal share of the account and if a child predeceases the account owner, any grandchildren by that child would take their parent's share. For example, if an account owner has three children, the child who is still living receives one-third of the account, a second child predeceases the account owner but has one son, so that grandchild receives one-third of the account (his parent's entire share), and the third child predeceases the account owner but has two children, so those grandchildren each receive one-sixth of the account (since they had to split their parent's share).

**Required beginning date (RBD)** IRS-required deadline for an IRA holder's first Required Minimum Distribution (RMD). The RBD is April 1 following the year that the IRA holder turns age 70½. Some individuals in qualified plans and 403(b)s can defer their RBD until April 1 of the year following retirement.

**Note:** If the decedent was a 5% or more owner of a business that sponsored the qualified plan (401(k), Single K,<sup>1</sup> Profit Sharing Plan and Money Purchase Pension Plan) the RBD follows IRA rules.

**Required minimum distribution (RMD)** An IRS requirement that account owners who have reached age 70½ (or retirement if participating in a qualified plan or 403(b)(7)) must begin taking annual minimum distributions from their retirement accounts. Distributions can be deferred until the RBD. Distributions are determined using the Uniform Life Expectancy Table. Participants who have a spouse who is more than 10 years younger can use the Joint and Last Survivor Life Expectancy Table.

1. All Single K<sup>SM</sup> employees are considered to be 5% or more owners of the business.

# Notes


### Inherited IRA Account Registration and Distribution Form



Traditional, Roth, SEP/SARSEP or Simple IRA

#### Instructions

This form enables a beneficiary to do the following:

- Register an inherited Traditional or Roth IRA account and designate any subsequent beneficiaries of the account
- Arrange for any outstanding Required Minimum Distribution on behalf of the deceased original account owner of a Traditional, Roth, SEP/SARSEP or SIMPLE IRA
- Request a beneficiary distribution from the account

#### USA PATRIOT Act requirements

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you register an account, we need to capture certain information that allows us to verify your identity. The following information needs to be provided on this application for all individuals who will be the registered owner or co-owner of an account, acting pursuant to a Power of Attorney or will be signing on behalf of a legal entity that will own the account.

If registering, or rolling over to, an inherited Traditional IRA or Roth IRA, complete and return pages 1-8 of this form to:

#### **OppenheimerFunds Distributor, Inc.**

Fax: 303.768.1500 Regular Mail: P.O. Box 5270 Denver, CO 80217-5270 **Overnight Mail:** 12100 E. Iliff Avenue Suite 300 Aurora, CO 80014-1250

Please print clearly in all CAPITAL LETTERS using black ink. Color in circles completely. For example: • not (\*) not (\*)

#### **Decedent information** 1 |

What was your relationship to the decedent (original account holder)? Please choose one. ○ Spouse ○ Non-Spouse/Other Decedent's first name Middle initial Last name OMr. OMrs. OMs Date of birth (mm/dd/yyyy) Social Security number Date of death (mm/dd/yyyy)

If rolling over to an IRA, what type of retirement account did the decedent own? Please select only one.

O Traditional IRA ○ Roth IRA ○ SEP/SARSEP IRA ○ SIMPLE IRA

#### 2 | Beneficiary options

Spouse options	Note: If you choose SEF Establishment Kit applie			ete the corresponding Account		
Review "Understanding Options as a Beneficiary" within this	Please choose one.					
booklet.	<ul> <li>I am the decedent's sp (No immediate distribution)</li> </ul>		transfer my inherited assets to	o my own IRA.1		
	Please choose what IF	RA type you wish to r	egister for your inherited asset	ts:		
	Traditional IRA	○ Roth IRA	○ SEP/SARSEP IRA	○ SIMPLE IRA		
			register an inherited account (No immediate distribution red			
	Which account type do you wish to apply this option?					
	○ Traditional IRA	○ Roth IRA	○ SEP/SARSEP IRA	○ SIMPLE IRA		
			register an inherited account Systematic distribution must b	and apply the single life expectancy e selected in Section 8.)		
	Which account type do you wish to apply this option?					
	○ Traditional IRA	O Roth IRA	○ SEP/SARSEP IRA	○ SIMPLE IRA		
	I am the decedent's spouse. I would like to register an inherited account and apply the five-year rule to distribute the inherited assets (includes lump sum distribution). (The five-year rule does not apply in all circumstances. Please review "Understanding Options as a Beneficiary" within this booklet for details.)					
	Which account type d	o you wish to apply tl	his option?			
	○ Traditional IRA	O Roth IRA	○ SEP/SARSEP IRA	○ SIMPLE IRA		
Non-spouse options	Note: If you choose SEP Establishment Kit applic	,		e the corresponding Account		
Review "Understanding Options as a Beneficiary" within this	Please choose one.					
booklet. If you are registering an IRA	I would like to register an inherited account and apply the single life expectancy method to distribute the inherited assets. (Systematic distribution must be selected in Section 8.)					
account on behalf of a minor, please call us at <b>800.835.7305</b>	Which account type d	o you wish to apply tl	his option?			
for special instructions.	○ Traditional IRA	○ Roth IRA	○ SEP/SARSEP IRA			
	I would like to register an inherited account and apply the five-year rule to distribute the inherited assets (includes lump sum distribution). (The five-year rule does not apply in all circumstances. Please review "Understanding Options as a Beneficiary" within this booklet for details.)					
	Which account type d	o you wish to apply tl	his option?			
	○ Traditional IRA	○ Roth IRA	○ SEP/SARSEP IRA	○ SIMPLE IRA		

1. Surviving spouses under age 59½ electing to establish an IRA in their own name may be subject to a 10% penalty upon distribution if no exception applies. Surviving spouses should consult a financial or tax advisor before making this election.

3   New registration information				
Type of beneficiary	Please choose one.         Individual       Trust       Estate         Other Entity			
	Name of trust, estate or other entity       Tax identification number         This application must be signed by all trustees, executors or corporate officers whom agreement or corporate bylaws. If the registered owner of this account is a trust, existence of the Trust Agreement indicating current Trust the Trust Document. All of the information must match what's on the Trust document.         • For an Estate:       Copy of document appointing executor	state or other entity, please also provide: name, Trust date and the signature page of		
Individual, trustee, executor or first authorized signer	First name     Middle initial     Last name	O Mr. O Mrs. O Ms.		
We cannot accept a P.O. Box as a residential address; APO/FPO address accepted.	Residential street address	Social Security number		
	City State Zip	Date of birth (mm/dd/yyyy) () Daytime phone number		
Additional trustee, executor or second authorized signer	First name Middle initial Last name	O.Mr. O.Mrs. O.Ms.		
For trusts, estates or other entities, this application must be signed by all trustees, executors or corporate officers	Residential street address	Social Security number		
whose signatures are required under the trust agreement or corporate bylaws.	City	Date of birth (mm/dd/yyyy)		
Information about additional signers should be provided on a separate sheet.	State Zip	Daytime phone number		
Electronic delivery	Email address You will receive a confirmation email that will enable you to sign up for e preferences. You will need your account number, which you'll receive in the oppenheimerfunds.com website.			
4   Financial adviso				
	g financial advisor be the representative for my account(s).			
<ul> <li>I wish to have no financial</li> <li>If neither is selected, we wi</li> </ul>	advisor on my account(s). Il default to the current financial advisor.			
Rep ID number	First name     Middle initial	Last name		

 	 	 -

Branch number (if known)

Zip

Email address

City

Phone number

FINRA branch address

Registered firm number/Clearing firm number

1. eDocs Direct<sup>SM</sup> is available only if your name appears in your account registration. Your eDocs Direct enrollment applies to all OppenheimerFunds accounts you have now or may open in the future using the Social Security number, preferences and email address you provided at enrollment. If your accounts are registered through a brokerage firm or are registered under more than one name, all registered owners must consent to stop mailed versions. eDocs Direct is not available to shareholders in an employer-sponsored retirement plan such as a 401(k), but is available to shareholders with OppenheimerFunds-sponsored IRA accounts. You may revoke the consent of eDocs Direct and resume receiving paper documents via U.S. postal mail at any time.

Registered firm name/Clearing firm name

State

Fax number

(

#### 5 | Beneficiary designations for inherited account

#### Please Note

If you need any further information or assistance, call the IRA Resource Center at **800.783.7783.** 

Per capita—all surviving children get an equal share of the account. According to this method, there is no representation, so grandchildren will not receive a share if any children are still living.

#### Per stirpes/per capita with

representation-all surviving children receive an equal share of the account and if a child predeceases the account owner, any grandchildren by that child would take their parent's share. For example, if an account owner has three children, the child who is still living receives onethird of the account: a second child predeceases the account owner but has one son, so that grandchild receives one-third of the account (his parent's entire share), and the third child predeceases the account owner but has two children, so those grandchildren each receive onesixth of the account (since they had to split their parent's share).

#### Per capita at each

generation-all beneficiaries of the same generation always get an equal share of the account. Considering the example above, according to this method the first child still receives one-third of the account, however, unlike above, the remaining two-thirds of the account is split evenly by all the grandchildren, because they are the same generation. This means they would each receive onethird of the remaining two-thirds of the account (that is, each of the three grandchildren would receive two-ninths of the account).

**NOTE:** Do not list children's names if indicating a *per stirpes* or *per capita* designation.

#### I. Primary Beneficiary

I hereby elect the following as my primary election for beneficiary(ies). The designation replaces any prior beneficiary designation that I have made.

Please complete A, B or C below (choose only one). If you are not naming your spouse as primary beneficiary and you live in a Community Property State, also complete Section 6: Spousal consent—community property states only.

#### A. Individually Named Beneficiary(ies)

Allocations must be in whole percentages and must equal 100%. Assets will be divided equally among designated beneficiaries if allocation percentages are not provided.

If you need additional space, please photocopy this page, fill it out and include with the other pages of this form.

Name Provide the f	ull legal name of <sub>l</sub>	person, or organization (	include suffixes, if applicable) O Jr.	O Sr. O Other	
Social Security/Tax	Identification nur	mber		Date of birth (mm/dd/yyyy)	
Relationship:	⊖ Spouse	○ Non-Spouse	Organization/Charity	Allocated percent:	%
Name Provide the f	ull legal name of p	oerson, or organization (	include suffixes, if applicable) O Jr.	O Sr. O Other	
Social Security/Tax	Identification nur	mber		Date of birth (mm/dd/yyyy)	
Relationship:	⊖ Spouse	O Non-Spouse	Organization/Charity	Allocated percent:	%

#### B. Special Beneficiary Option: Per Capita/Per Stirpes

Select only one of the options below.

- · Do not complete Contingent Beneficiary section below.
- DO NOT list children's names above when selecting one of these Special Beneficiary Options. OppenheimerFunds will rely on the Special Beneficiary Option selected and will require the executor of the estate to provide the name(s) of the beneficiary(ies) upon a requested transfer of assets. Any names listed above will be disregarded.
- 0 100%: I designate that my account(s) be distributed to my children per capita.
- O 100%: I designate that my account(s) be distributed to my children per stirpes/per capita with representation.
- 100%: I designate that my account(s) be distributed to my children per capita at each generation.

#### C. Special Beneficiary Option: Trust or Estate

O \_\_\_\_%: I designate that my account(s) be distributed to my trust.

Trust title:

Under Agreement (U/A) Date:	/	/	OR Under Will (U/W) Date:	/	/
Under Agreenhein (U/A) Date.	/	/	On onder will (0/w) Date.	· /	/

O\_\_\_\_%: I designate that my account(s) be distributed to my estate.

#### **II. Contingent Beneficiary**

I hereby elect the following as my contingent election for beneficiary(ies). The designation replaces any prior beneficiary designation that I have made.

Please complete A, B or C below (choose only one). If you designated a Special Beneficiary Option: Per Stirpes/Per Capita or Trust or Estate as your primary beneficiary, please do not fill out this section.

#### A. Individually Named Beneficiary(ies)

Allocations must be in whole percentages and must equal 100%. Assets will be divided equally among designated beneficiaries if allocation percentages are not provided.

If you need additional space, please photocopy this page, fill it out and include with the other pages of this form.

Name Provide the	full legal name of <sub>l</sub>	person, or organization (	include suffixes, if applicable) O Jr.	O Sr. O Other	
Social Security/Tax	k Identification nur	mber		Date of birth (mm/dd/yyyy)	
Relationship:	⊖ Spouse	O Non-Spouse	Organization/Charity	Allocated percent:	%
Name Provide the	full legal name of	oerson, or organization (	include suffixes, if applicable) O Jr.	O Sr. O Other	
Social Security/Tax	k Identification nur	mber		Date of birth (mm/dd/yyyy)	
Relationship:	⊖ Spouse	O Non-Spouse	Organization/Charity	Allocated percent:	%

#### B. Special Beneficiary Option: Per Capita/Per Stirpes

Select only one of the options below.

- DO NOT list children's names above when selecting one of these Special Beneficiary Options. OppenheimerFunds will rely on the Special Beneficiary Option selected and will require the executor of the estate to provide the name(s) of the beneficiary(ies) upon a requested transfer of assets. Any names listed above will be disregarded.
- 100%: I designate that my account(s) be distributed to my children *per capita*.
- () 100%: I designate that my account(s) be distributed to my children per stirpes/per capita with representation.
- 100%: I designate that my account(s) be distributed to my children per capita at each generation.

#### C. Special Beneficiary Option: Trust or Estate

O\_\_\_\_%: I designate that my account(s) be distributed to my trust.

Trust title:

Under Agreement (U/A) Date: / / OR Under Will (U/W) Date: / /

 $\bigcirc$  \_\_\_\_%: I designate that my account(s) be distributed to my estate.

#### Spousal consent-community property states only 6

Married residents of AZ,
CA, ID, LA, NV, NM, TX,
WA and WI are required to
obtain spousal consent if
spouse is not designated as
primary beneficiary.

Spousal Consent: I hereby consent to the designation of the beneficiary(ies) as stated on the previous page.

Spouse's first nan	ne
x	

Middle initial

Spouse's	last	name

Sp

Date

ouse's	signature
ouse s	Signature

#### 7 Decedent's outstanding required minimum distribution (RMD) instructions

Complete only if decedent (original account owner) died after attaining age 701/2. This section is only to distribute any outstanding RMDs the decedent did not fulfill.

Any remaining RMD not satisfied by the decedent will be distributed and reported under the inheriting individual(s) or party's SSN/TIN.

#### Please choose one.

O RMD has been satisfied for the year in which the original account owner died, therefore an RMD is not necessary.

There may be IRS penalties for RMDs that are not taken in accordance with applicable law.

○ I have made calculations on my own. Please distribute \$ immediately.

O I want OppenheimerFunds to calculate the outstanding RMD and distribute immediately.

We will default to proportional distribution if the decedent owned multiple fund accounts, unless otherwise specified below.

Fund Name:	\$ or	%
Fund Name:	\$ or	%

#### Federal Tax Withholding Election for RMD Distribution

If you do not check one of these options, we must withhold 10% from your distribution. Even if you elect to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. You may also be subject to the tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. Minimum election for withholding must be 10% or greater. We do not withhold state taxes. Federal withholding does not apply for Roth IRA accounts unless specifically requested.

I want federal income tax withheld at the rate of % from each account.

I do not want federal income taxes withheld.

#### 8 Distribution request

#### A. Please choose one.

O Distribute 100% of the inherited accounts immediately.

O Distribute a portion of the inherited accounts listed below.

O Establish a systematic distribution from accounts listed below.

Start date: (Payout date must be after the 6th of the month. If you do not indicate a start date, we will default to the 20th of the month.)

Quarterly Monthly Annually ○ Semiannually

Note: If this option is selected, the distribution must be sent direct to your bank via Automated Clearing House (ACH). See below. Be sure to include a personalized preprinted check or deposit slip with this form.

We will default to proportional distribution if the decedent owned multiple fund accounts, unless otherwise specified below.

Fund Name:	\$ Or	%
Fund Name:	\$ or	%

#### 8 | Distribution request (continued)

в.	B. Federal tax withholding election for distribution	
	withheld, you are liable for payment of federal income tax on the taxak under the estimated tax payment rules if your payments of estimated	<b>% from your distribution.</b> Even if you elect to have federal income tax ble portion of your distribution. You may also be subject to the tax penalties tax and withholding, if any, are not adequate. <b>Minimum election for ixes. Federal withholding does not apply for Roth IRA accounts unless</b>
	O I want federal income tax withheld at the rate of%	from each account.
	O I do not want federal income taxes withheld.	
Ç	9   Method of payment	
	Select one (defaults to bank account or Address of Record if no exis requested on this form.	ting bank account information on file). Will apply to all distributions
0	O Deposit directly to my bank account: (Please allow approximately thr	ee to five days to receive the amounts.)
	○ Checking ○ Savings	
	Do you already have bank account information on file with Oppenhei	merFunds?
	O Yes Bank Account No.:	
	$\bigcirc$ No Include a copy of a voided, preprinted check or preprinted	savings deposit slip.
	Note: Preprinted deposit slips may not have the proper routing numb	per for your bank; please contact your bank for more information.
0	<ul> <li>Send payment to address listed on my account: (Please allow approv</li> <li>Regular mail</li> <li>Overnight (fee will be deducted from the account)</li> </ul>	
0	O Transfer to my existing OppenheimerFunds nonretirement account:	
	Name of Fund: Accou	nt No.:
0	○ Transfer to a new OppenheimerFunds nonretirement account (per re	
$\cap$	<ul> <li>Direct rollover to another financial institution. (Spouse option only)</li> </ul>	
U	Note: If this option is selected, the request must be Signature Gu Letter of Acceptance (signed by company).	aranteed or accompanied by the receiving company's
	Please select account type you are moving your assets to:	
	<ul> <li>403(b)</li> <li>401(k)</li> <li>Defined Benefit</li> <li>Profit-sharing P</li> <li>Other</li> </ul>	lan
0	<ul> <li>Send check to address and/or payee other than address listed on my</li> <li>Make check payable and mail to charity listed below:</li> </ul>	y account.
	Make check payable as instructed on attached Letter of Acceptal	nce from receiving financial institution (for direct rollover).
	Make check payable to:	
	First name/Charity     M.I.	Last name
	Address	
	City State	Zip

#### 10 Signature

#### A. For Traditional IRA, Roth IRA, SEP/SARSEP IRA and SIMPLE IRA Registration

In connection with my IRA registration, I certify that I am of legal age and capacity to register this account. I have received and read the current prospectus for each fund this account is invested in, and I agree to be bound by the terms and conditions of each such prospectus. I acknowledge that it is my responsibility to read the prospectus of any fund into which I exchange. I hereby adopt the OppenheimerFunds IRA Trust Agreement and agree to be bound by the terms of the Trust Agreement and Disclosure Statement. I acknowledge that the annual maintenance fee described in the Disclosure Statement will be deducted from my account on an annual basis. This is a single maintenance fee no matter how many fund accounts I have under this IRA. I understand that I have telephone privileges and that all my dividends and capital gains will be automatically reinvested in the same fund(s) that paid them. I acknowledge that Shareholder Services, Inc. will use this document, Trust Agreement or other similar documents solely for the purpose of allowing it to verify the identity of the registered owners as required by federal law. OppenheimerFunds, Inc. and its affiliates do not assume any responsibility for monitoring, maintaining, interpreting or enforcing any terms or provisions of these documents. Under penalties of perjury, I certify that the number shown on this application is my correct taxpayer identification number, and that I am a U.S. person (including a resident alien). **Householding:** In the event that family members in my household have multiple accounts in a single fund, I agree that OppenheimerFunds may send **a single copy** of that fund's updated prospectus, annual or semiannual report that is required to be delivered. I agree to notify OppenheimerFunds by phone, in writing or by email if I wish to stop householding, and receive multiple copies of these materials.

#### **B.** For All Distributions

In connection with my distribution request, I certify that I have read the information on this form and completed the appropriate sections to the best of my knowledge. I certify that I have consulted with my tax or legal advisor, or that I otherwise fully understand the tax and other legal consequences of my request. I understand that I am responsible for knowing whether this request complies with applicable tax laws, and that I am responsible for reporting and paying any applicable taxes or penalties related to this distribution request. I understand and agree that neither the OFI Global Trust Company, OppenheimerFunds, Inc., OppenheimerFunds Distributor, Inc., nor the Oppenheimer funds shall be responsible for any tax or other penalties I may incur as a result of this request for any distributions from this inherited retirement account.

X Signature

Date

Print name

Signature guarantee required for the following transactions:

- Distribution(s) in excess of \$100,000 per fund account
- If address on your account has changed within the last 15 days
- If registration on AccountLink is different

Sig	nature <b>C</b>	auaran	tee sta	mp		

## Trust Certification for OppenheimerFunds Retirement Plans



If a Trust is named as a beneficiary of an OppenheimerFunds-sponsored retirement account, in order to proceed with any redemption or transfer of shares to the Trust or to the beneficiaries of the Trust upon the death of the owner of the account, Shareholder Services, Inc., the transfer agent for the OppenheimerFunds family of mutual funds, requires this form to be completed and signed by the Trustee(s) of the Trust.

In addition to the information listed below, we also need:

- ◆ A copy of the first page of the Trust document (showing the full name and date of the Trust).
- ◆ A copy of the signature page(s) of the Trust.
- A copy of the relevant pages of the Trust, which identify the Trustees and successor Trustees of the Trust. (If necessary, we reserve the right to request a complete copy of the Trust document.)
- A letter of instruction, signed in your capacity as Trustee of the Trust, requesting we establish the beneficial account for the Trust. If the value of the Trust account is over \$100,000, your signature on that letter must be guaranteed in accordance with the enclosed instructions.
- A completed Inherited IRA Account Registration and Distribution form found in the instruction booklet (RE0002.041). The application must include the Tax Identification Number (TIN/EIN) of the Trust.
- A copy of the death certificate for the plan participant.
- Certificate of Domicile or Affidavit of Domicile (if applicable).
- ◆ An Inheritance Tax Release (ITR) (if applicable).

#### Please complete the following information:

*Full Trust Name				*Trust Date
*Asterisked fields are required.				
1   Primary benefic	ciary(ies)			
Primary Beneficiary 1	First name	Middle initial	Last name OMr. OMrs. OMs.	Date of birth (mm/dd/yyyy)
				. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Relationship			
Primary Beneficiary 2	First name	Middle initial	Last name OMr. OMrs. OMs.	Date of birth (mm/dd/yyyy)
	Relationship			
	If there are more than tw	o primary beneficiaries, ple	ase attach a separate list.	
	<b>a a a b</b>			
2   Contingent ben	eficiary(ies)			
Contingent Beneficiary 1	First name	Middle initial		Date of birth (mm/dd/yyyy)
	Tirst hame	Middle Initial		
	Relationship			
Contingent Beneficiary 2				
Contingent Benenolary 2	First name	Middle initial	Last name OMr. OMrs. OMs.	Date of birth (mm/dd/yyyy)
	Relationship			
		e contingent beneficiaries	please attach a separate list.	

As Trustee(s), I/we hereby certify:

- That the information provided in this form is true and complete.
- That this is the most recent valid Trust and no additional amendments have been made.
- That the Trust is a valid Trust under state law.
- That the Trust is irrevocable or will, by its terms, become irrevocable upon the death of the retirement plan account owner.
- That the beneficiaries of the Trust listed above are beneficiaries with respect to the Trust's interest in the retirement plan account owner's benefit and are identifiable within the Trust as an individual who is a designated beneficiary.

#### IMPORTANT NOTE: ALL TRUSTEES MUST SIGN

X	
Trustee Signature	Date
<u>X</u>	
Trustee Signature	Date
<u>X</u>	
Trustee Signature	Date
<u>X</u>	
Trustee Signature	Date

If there are more than four trustees, please use the space below for additional signatures and dates.

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#### **CONTACT**US

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