

# **Retirement Accounts**

TAXPAYER ID NUMBER or SSN

SPOUSE BENEFICIARY REQUEST TO ASSUME OWNERSHIP OF IRA

ACCOUNT NUMBER

## **IRA's Trustee or Custodian**

Current Custodian /	Constellation Trust Company				
Financial Institution	NAME OF FINANCIAL INSTITUTION (Trustee, Custodian or Employer)	ACCOUNT NUMBER	PHONE NUMBER		
<b>ATTACH</b> a copy of your recent account statement from your present Custodian.	Post Office Box 541150	Omaha	NE	68154	
	ADDRESS	CITY,	STATE	ZIP	

## **Inherited IRA Information**

Type of IRA Traditional C Roth IRA ACCOUNT/PLAN NUMBER

## **Deceased IRA Owner Information**

### **Account Being Inherited**

This form may be used by the spouse beneficiary of a deceased IRA owner who died after December 31, 2019, to request the transfer of an Inherited IRA to the spouse's own IRA.

DATE OF BIRTH

NAME OF DECEASED IRA OWNER

# **Inherited IRA Information**

### Inherited Ov Information

**i** FOR ASSISTANC Shareholder Services a Timothy Plan at (800)

**hew** Account the Traditional/SEP IR.

vner	NAME (First, Initial, Last)	GENDER: O Male O Female DATE OF BIRTH		
CE with this form, call t <b>(800) 662-0201</b> , or the 8 <b>46-7526</b> .	RESIDENCE ADDRESS	СІТУ,	STATE	ZIP
S: Complete and attach New Account Form.	MAILING ADDRESS	Сіту,	STATE	ZIP
	DAYTIME PHONE NUMBER	TAXPAYER ID NUMBER or SSN TIMOTHY PLAN ACCOUNT NUMBER (if any)		

DATE OF DEATH

# Eligibility

Answer the questions below to determine your eligibility for transferring the Inherited IRA to your own IRA. **Reasons for Transfer** O YES O NO 1. Did the IRA owner pass away prior to last year? COMPLETE THIS SECTION ONLY FOR If "NO", go to Section 6. If "YES", go to Question #2. RETIREMENT PLANS 2. Will you attain age 74 or older by the end of this calendar year? O YES O NO If "NO", go to Section 6. If "YES", you are NOT eligible to transfer the Inherited to your own IRA as the deadline to do so has passed. You may, however, be eligible to move all or a portion of the Inherited IRA funds to your own IRA via a distribution from the Inherited IRA and a rollover contribution into your own IRA. Before you roll over the Inherited IRA to your own IRA, you must satisfy required distributions including, but not limited to "hypothetical required minimum distributions" from all applicable IRAs. Required distributions rolled over may result in an excess contribution subject to IRS

penalty and additional tax.

### **Retirement Accounts**

SPOUSE BENEFICIARY REQUEST TO ASSUME OWNERSHIP OF IRA

## Transfer Instructions

## Inherited IRA Transfer

(i) FOR ASSISTANCE with this form, call Shareholder Services at (800) 662-0201, or Timothy Plan at (800) 846-7526.

COMPLETE AS NAME(s) APPEAR ON ACCOUNT STATEMENT.

TO REQUEST THE INHERITED IRA BE TRANSFERRED TO YOUR OWN IRA, PLEASE CHECK THE BOX, AND INDICATE THE RECEIVING IRA TYPE AND IRA/PLAN NUMBER BELOW:

□ I elect to transfer the Inherited IRA to my own IRA. I understand that if there is a required distribution associated with the inherited IRA assets for the current year and the required distribution was not satisfied prior to the transfer of the Inherited IRA assets into my own IRA, it is my responsibility to withdraw such required distribution before the end of the calendar year.

IRA Type (receiving IRA):	Traditional	🗌 Roth	SEP			
Amount: \$						

Receiving IRA/Plan Number:

## Acknowledgment

### **Your Signature**

WARNING. This application will not be processed unless signed by the Account Owner. By signing this Spouse Beneficiary Request to Assume Ownership of IRA form, I certify that the information I have provided is true and correct. I authorize the IRA Trustee/Custodian to transfer the Inherited IRA to my own IRA as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this transfer and I assume all responsibilities for any consequences that arise resulting from my actions. I agree to indemnify and hold the IRA Trustee/Custodian harmless from any consequences related to executing my directions. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the IRA Trustee/Custodian

SIGNATURE OF SPOUSE BENEFICIARY

DATE		

SIGNATURE OF IRA TRUSTEE/CUSTODIAN

DATE

## 8

## **Mailing Your Application**

### **Return Completed Form**

USE YOUR PREFERRED MAILING METHOD.

#### REGULAR DELIVERY:

Timothy Plan c/o Ultimus Fund Solutions, LLC Post Office Box 541150, Omaha, NE 68154 Timothy Plan c/o Ultimus Fund Solutions, LLC 4221 N 203rd St, Ste 100, Elkhorn, NE 68022

OVERNIGHT DELIVERY:

Phone | (800) 662-0201 Local | (402) 493-4603 Fax | (402) 963-9094