

DEATH NOTICE (FORM 2320)

The financial organization must use this form to report the death of an IRA or HSA owner or Coverdell ESA designated beneficiary. Attach the death certificate. All fields must be completed for processing. Complete a separate form for each account. (For example, if the owner had a Roth IRA and two traditional IRAs, three separate forms must be completed.)

CID# (Organization will complete.) _____

Financial Organization Name _____

Social Security Number _____

Acct. Suffix _____

Name of Account Owner or Coverdell ESA Designated Beneficiary (First, Initial, Last) _____

Date of Death (MM/DD/YYYY) _____

Account Number _____

\$ _____

Account Value on Date of Death _____

1. This account is a: Traditional IRA
 Roth IRA
 Coverdell ESA (Coverdell ESA funds must be distributed within 30 days of the death.)
 Health Savings Account (HSA)
2. Is this an IRA beneficiary account? Yes No If yes, provide the name of the original IRA owner: _____
3. If the financial organization has a form that was used to name death beneficiaries for this account, send a copy of that form with this Death Notice.
 The Application or Beneficiary Designation/Change Form sent with this Death Notice is a copy of the most recent form naming death beneficiaries for this account according to our records.
 The financial organization does not have any form that names beneficiaries for this account.

FAMILY MEMBER, FRIEND, OR OTHER PERSON TO CONTACT FOR MORE INFORMATION

Name _____ Relationship to Account Owner or ESA Designated Beneficiary _____

Address _____ ()
Daytime Phone Number _____

City, State, ZIP _____

We will determine the beneficiaries of this account. However, any additional information provided will expedite processing (for example, current beneficiary addresses, certified death certificates for deceased beneficiaries, field of membership rules, and/or other related documents).

TRADITIONAL IRA DISTRIBUTIONS IN THE YEAR OF DEATH

Gross withdrawals in year of death: \$ _____ (Include normal withdrawals and periodic payments; do not include direct transfers.)

Federal taxes withheld: \$ _____

State taxes withheld: \$ _____ State: _____

READ AND SIGN THIS SECTION

As an authorized representative of the financial organization submitting this Death Notice for processing, I attest that the death certificate sent with this Death Notice is a certified original or a copy that an authorized representative of our financial organization made from a certified original.

If the application or beneficiary designation form sent with this Death Notice is signed by anyone other than the account owner, I attest that our financial organization verified that the person signing the application or beneficiary designation form was authorized to sign the form and had the authority to name or change the beneficiaries for this account.

Organization Representative's Name (Print) _____

Phone Number and Extension _____

Fax Number _____

X

Organization Representative's Signature _____

Date (MM/DD/YYYY) _____