



THIRD AVENUE
MANAGEMENT

THIRD AVENUE MANAGEMENT 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 date¹ 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 to 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 BIRTH²: _____

RESPONSIBLE INDIVIDUAL²: _____
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 ORGANIZATION 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 INFORMATION 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 **THIRD AVENUE MANAGEMENT NON-SPOUSE, TRUST, ESTATE OR ENTITY 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 **THIRD AVENUE MANAGEMENT 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 check¹ 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 ADDRESS¹: _____
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*: _____

BANK ACCOUNT ADDRESS²: _____
CITY STATE ZIP

²The 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 TAX WITHHOLDING: Federal income tax will be withheld at the rate of 10% from any distribution, subject to the IRS withholding rules, unless you elect 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. Please select one of the following:

- Do not withhold Federal Income Tax (This option is only available for accounts registered with an address in the United States.)
- Withhold 10% Federal Income Tax
- Withhold _____% Federal Income Tax (must be greater than 10%)

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, Third Avenue Management, 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, Third Avenue Management, 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:

Third Avenue Funds
P.O. Box 534466
Pittsburgh, PA 15253-4466

Overnight Mail:

Third Avenue Funds
Attn: 534466
500 Ross Street 154-0520
Pittsburgh, PA 15262

Customer Service:

1-800-443-1021