Financial Institution Name			
Branch Name or Number			
Institution ID # / Participant ID #			
IRA ASSUMPTION LETTER			
FOR SPOUSE BENEFICIARIES ONLY			
DECEASED PARTICIPANT INFORMATION			
Deceased Participant Name			
Deceased Participant Social Security Number			

DECEASED PARTICIPANT INFORMATION  Deceased Participant Name  Deceased Participant Social Security Number  Institution Number Participant Number  BENEFICIARY INFORMATION  Name  Address  City State Zip  Social Security Number Date of Birth  SPOUSE BENEFICIARY STATEMENT  I,	FUR SPUUSE	: BENEFICIARIES (	JINLY
Deceased Participant Social Security Number  Institution Number  Participant Number  BENEFICIARY INFORMATION  Name  Address  City  State  Zip  Social Security Number  Date of Birth  SPOUSE BENEFICIARY STATEMENT  I,	DECEASED PARTICIPANT INFORMATION		
Institution Number  BENEFICIARY INFORMATION  Name  Address  City State Zip  Social Security Number Date of Birth  SPOUSE BENEFICIARY STATEMENT  I,	Deceased Participant Name		
BENEFICIARY INFORMATION  Name  Address  City State Zip  Social Security Number Date of Birth  SPOUSE BENEFICIARY STATEMENT  I,	Deceased Participant Social Security Number		
Address  City State Zip  Social Security Number Date of Birth  SPOUSE BENEFICIARY STATEMENT  I,	Institution Number	Participant Numbe	er
Address  City State Zip  Social Security Number Date of Birth  SPOUSE BENEFICIARY STATEMENT  I,	BENEFICIARY INFORMATION		
City State Zip  Social Security Number Date of Birth  SPOUSE BENEFICIARY STATEMENT  I,	Name		
Social Security Number  Date of Birth  SPOUSE BENEFICIARY STATEMENT  I,	Address		
I,	City	State	Zip
I,	Social Security Number	Date of Birth	
and Named Beneficiary of the Participant's IRA held at	SPOUSE BENEFICIARY STATEMENT		
wish to treat my deceased spouse's IRA as my own (assume the IRA). I understand that this is an irrevolution responsibility for any tax consequences that may result from this transaction.  IRA FUNDS (check one)  Funds to be placed into an existing IRA, of the spouse beneficiary, with the above referenced finance.  Funds to be placed into a new IRA. (attach executed Adoption Agreement)  Funds to be transferred into my IRA at:	I,(insert na	ame of Spouse Beneficiar	y), as the spouse of the above-named Participan
full responsibility for any tax consequences that may result from this transaction.  IRA FUNDS (check one)  Funds to be placed into an existing IRA, of the spouse beneficiary, with the above referenced financ  Funds to be placed into a new IRA. (attach executed Adoption Agreement)  Funds to be transferred into my IRA at:	and Named Beneficiary of the Participant's IRA held at		(insert name of Financial Institution
IRA FUNDS (check one)  ☐ Funds to be placed into an existing IRA, of the spouse beneficiary, with the above referenced financ ☐ Funds to be placed into a new IRA. (attach executed Adoption Agreement) ☐ Funds to be transferred into my IRA at:	·	•	at this is an irrevocable election and that I assume
□ Funds to be placed into an existing IRA, of the spouse beneficiary, with the above referenced financ □ Funds to be placed into a new IRA. (attach executed Adoption Agreement) □ Funds to be transferred into my IRA at:			
□ Funds to be transferred into my IRA at:(insert		neficiary, with the above i	referenced financial institution.
	☐ Funds to be placed into a new IRA. (attach executed Ad	option Agreement)	
(transfer request from new custodian must be attached)	☐ Funds to be transferred into my IRA at:		(insert name of Financial Institution
	(transfer request from new custodian must be attache	ed)	
SIGNATURE	SIGNATURE		
Signature of Spouse Beneficiary X	Signature of Spouse Beneficiary X		Date
	NK USE ONLY		
BANK USE ONLY	Financial Institution Representative Signature		Date
	Printed Name of Financial Institution Representative		

