



TRADITIONAL IRA REQUIRED DEATH DISTRIBUTIONS ELECTION FORM

Overnight Delivery:
Metzler Payden Funds
803 W. Michigan St., Suite A
Milwaukee, WI 53233-2301

Regular Mail:
Metzler Payden Funds
P.O. Box 1611
Milwaukee, WI 53201-1611

Instructions: Use this form if you are the Designated Beneficiary of a Decedent IRA to indicate your required minimum distribution election. Mail the form to the Metzler Payden Funds, P.O. Box 1611, Milwaukee, WI 53203-1611. If you have questions about completing this form, please contact our Shareholder Service Department at 800-572-9336.

Deceased IRA Participant Name

Date of Birth

Date of Death

Required Beginning Date

MUST BE COMPLETED FOR EACH DESIGNATED BENEFICIARY UNDER THE TRADITIONAL IRA:

Beneficiary Name

Social Security Number

Account Number

Fund Number

Account Number

Fund Number

Date of Birth

Relationship to Decedent

1. BENEFICIARY ELECTIONS

Did the participant die before or after his or her Required Beginning Date?

Before

After

2. SURVIVING SPOUSE BENEFICIARY

I am Treating the IRA as the Surviving Spouse's Own IRA:

I certify that I am the sole designated beneficiary of the IRA and the spouse of the decedent. I elect to treat my deceased spouse's IRA as my own IRA. If the participant died on or after the Required Beginning Date, I understand that I must withdraw the required minimum distribution for the year of death before the balance can be transferred or rolled over to my own IRA. This rule does not apply if the required minimum amount was distributed to my spouse before the date of his or her death.

Remaining as a Beneficiary: The participant died before his or her Required Beginning Date:

I elect to receive my entire portion of the IRA by December 31st of the year containing the 5th anniversary of the participant's death; or,

I elect to begin distributions as a beneficiary over my single life expectancy, redetermined annually.

These payments are required to commence on or before _____. [Enter the December 31st of the calendar year during which the participant would have attained the age of 70¹/₂; or, if later, the December 31st of the calendar year immediately following the calendar year during which the participant died.]

Remaining as a Beneficiary: The participant died on or after his or her Required Beginning Date:

I elect to begin distributions as a beneficiary over the longer of my single life expectancy, redetermined annually or the single life expectancy of the decedent, reduced by one.

These payments are required to commence on or before _____. [Enter the December 31st of the calendar year immediately following the calendar year during which the participant died.]

3. NON-SPOUSE BENEFICIARY

The participant died before his or her Required Beginning Date:

- I elect to receive my entire portion of the IRA by December 31st of the year containing the 5th anniversary of the participant's death; or,
- I elect to receive my entire portion over my single life expectancy, reduced by one year thereafter. These payments are required to commence on or before the December 31st of the calendar year immediately following the calendar year during which the participant died.

Remaining as a Beneficiary: The participant died before his or her Required Beginning Date:

- I elect to receive my entire portion over the longer of my single life expectancy or the single life expectancy of the decedent, reduced by one year thereafter. These payments are required to commence on or before the December 31st of the calendar year immediately following the calendar year during which the participant died. I understand that I must withdraw the required minimum distribution for the year of death, unless the participant withdrew this minimum amount before the date of death.

4. SIGNATURES

I certify that I am the eligible beneficiary authorized to make these elections. The Custodian or Trustee, or any future Custodians or Trustees, may rely on these elections. I certify that all information provided by me is true and accurate and I further certify that no tax advice has been given to me by the Custodian or Trustee and that all decisions regarding the Election(s) are my own. I expressly assume the responsibility for any adverse consequences which may arise from the Election(s) and I agree that the Custodian or Trustee shall in no way be responsible for those consequences.

Beneficiary Signature

Date

ALL OTHER ELECTIONS INCLUDING WITHHOLDING AND THE METHOD OF DISTRIBUTION MUST BE MADE ON THE IRA DISTRIBUTION REQUEST FORM