Beneficiary Reissue Non-IRA Distribution Form

After reviewing the information on this form: (1) complete sections A and B; (2) enter a tax rate in section C only if you are electing a rate of tax withholding other than the 20% default rate; (3) complete section D; and (4) sign your request below under section E.

Please complete and mail form to: **Titan Fair Fund Distribution**

A	1 49 T 0		MO 64121-9722			
A. Dec	cedent's Information:					
	Name (First, M.I., La	st)		Social Security N	umber	
Marita	ıl Status: Single 1	Married: Spouse's	name			
B. Ber	neficiary Information:	Beneficiary %:_		State of Resid	dence:	
			/ /			
	Name (First, M.I., La	st)	Date of Birt	th Soci	al Security Number	
Street	Address (Physical Address	s) Al	PT # City		State ZIP	
C. NO	OTIFICATION OF ELEC	CTION FOR PAY	EES OF NONE	PERIODIC PAY	MENTS	
	eligible rollover distribution					0% by
	g the rate in the space belo				ose a rate greater than 2	070 By
	do not have enough Federa ed tax. You may incur pen					
not suf						
ELEC'	TION FOR PAYEES OF	NONPERIODIC	C PAYMENTS			
Comple	ete this line if you would li	ike a rate of withh	olding that is gre	ater than the defa	ult withholding rate of 2	20%.
	% Enter the rate	e greater than 2	0% as a whole	number (no de	ecimals)	
D. INST	RUCTIONS FOR ISSU	ING CHECK				
Spousa	al Beneficiary ONLY:					
	ue a check in my name, su			al withholding (a	nd state withholding, if a	applicable)
	I have specified a higher ra					
L Iss	ue a check payable to my l	IRA, qualified reti	rement plan, 403	(a), 403(b), or 45	/ plan as follows:	
Non-sp	oousal Beneficiary:					
	ue a check in my name, su			al withholding (a	nd state withholding, if a	applicable)
	I have specified a higher ra					
L Iss	ue a check payable to my	§408(d)(3)(c) Inhe	rited IRA as follo	OWS:	 .	
E sic	SNATURE – I understand	that there is a def	ault rate of 20% t	federal tay withh	olding required on this d	istribution
	pending on my state of res					
IRS Fo	rm 1099-R reporting this a	amount. I hereby a	affirm that the int			
the dist	ribution be made accordin	g to these instruct	ions.			
Under 1	penalties of perjury, I certi	fy that:				
The nu	mber shown on this form i	s my correct socia	l security numbe	r (or I am waiting	g for a number to be issu-	ed to me),
	ot subject to backup withho	olding because: (a)	I am exempt fro	m backup withho	olding, or (b) I have not b	oeen notifie
	Internal Revenue Service (t all interest
	dends, or (c) the IRS has no U.S. citizen or other U.S.				nnoiding, and	
The FA	ATCA code(s) entered on the	his form (if any) ir	ndicating that I ar	n exempt from F.		
	codes apply to persons sub al institutions. Therefore, i					
	nis field blank.	ir you are only suo	mitting tins form	Tor an account y	ou note in the office St	aics, you ill
Exemp	tion from FATCA reportir	ng code (if any)	·			
	ust cross out item 2 above e you have failed to report				rrently subject to backup	withholdin
	S does not require your co withholding.	nsent to any provi	sion of this docu	ment other than th	he certifications required	l to avoid
Sior	nature of Account Holder	P	rinted Name		Date	