



**Please return this form to:**  
GEBA Wealth Management  
1362 Mellon Road, #100  
Hanover, MD 21076  
Or fax (443) 403-0321 or email  
info@gebawealth.com

Telephone:  
(410) 657-8060 or (800) 826-1126

## GEMBA Supplemental Retirement Plan Beneficiary Claim Form

### Deceased Information:

Deceased First Name	MI	Deceased Last Name	Social Security Number	GEBA Member ID
Street Address		City	State, Zip	

### Beneficiary Information:

Beneficiary First Name	MI	Beneficiary Last Name	Social Security Number	GEBA Member ID
Street Address		Date of Birth	Relationship to Deceased	
City	State	ZIP	Email Address:	Phone No.

### Withdrawal Instructions: Traditional IRA Roth IRA Group Annuity

Total Distribution – *Entire Account Balance*  
 Partial Distribution: \$ \_\_\_\_\_  
Check is to be made payable to:  Deceased  Trustee  Beneficiary  Other: \_\_\_\_\_

#### Mail To:

Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_ Percent: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If being sent directly to a bank on your behalf, please provide: Account Number: \_\_\_\_\_  
 Checking  Savings Routing Number: \_\_\_\_\_

### Transfer Instructions: Traditional IRA Roth IRA Group Annuity

Total Trustee Transfer  Partial Trustee Transfer: \$ \_\_\_\_\_  Total 1035 Exchange

I designate the following as recipient for a portion of my eligible trustee transfer distribution that I elected to directly transfer:

Name of Financial Institutions\*: \_\_\_\_\_ Account No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Note:** In addition to this form, participants transferring funds to another financial institution must submit completed IRA transfer paperwork from the new institution or completed 1035 exchange paperwork from the new institution.

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**Tax Withholding Instructions:**

**STATE Tax Withholding**

- Zero State Withholding
- State Required Withholding
- \_\_\_% State Withholding

**FEDERAL Tax Withholding**

- Zero Federal Withholding
- 10% Federal Withholding
- \_\_\_% Federal Withholding

**Even if you elect not to have income tax withheld, you are liable for payment of income tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not accurate.**

**Processing Information:**

A complete withdrawal form or written withdrawal request, including an original signature, must be received in order to process a withdrawal, no telephone or email requests will be accepted. Distributions are prorated over all applicable accounts (SVA) and may not be specified from a particular contract. All withdrawals are distributed by check and mailed from the custodian within 3 days of the withdrawal date, therefore, they should arrive within 6-10 days, depending on the postal service. **Once funds are requested of the custodian for the benefit of the member, the withdrawal request is final and cannot be rescinded.**

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**Member Signature:**

I hereby certify that I have read and understand the contents of this withdrawal request form, including information provided on processing information and applicable fees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

GEMBA Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Tax Code: \_\_\_\_\_ 5% Penalty \_\_\_\_\_ Processing Fee: \_\_\_\_\_

Notes: