



ROTH IRA REQUIRED DEATH DISTRIBUTIONS ELECTION FORM

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

Regular Mail:
Paydenfunds
P.O. Box 1611
Milwaukee, WI 53201-1611

Instructions: Use this form if you are the Designated Beneficiary of a Decedent Roth IRA to indicate your required minimum distribution election. Mail the form to the Paydenfunds, 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.

1. ACCOUNT INFORMATION

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

2. SURVIVING SPOUSE BENEFICIARY

Remaining as a Beneficiary: 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 70^{1/2}; or, if later, the December 31st of the calendar year immediately following the calendar year during which the participant died.]

Treating the Roth IRA as the Surviving Spouse's Own Roth 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 Roth IRA as my own Roth IRA.

3. NON-SPOUSE BENEFICIARY

I elect to receive my entire portion of the Roth 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.

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 full responsibility for any adverse consequences which may arise from the election(s), for determining whether this distribution is a qualified distribution, and I agree that the custodian or trustee shall in no way be responsible for those consequences.

Beneficiary Signature

Date

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