

## DEATH NOTICE (FORM 2320)

The credit union must use this form to report the death of an IRA or HSA owner or Coverdell ESA designated beneficiary. Attach the death certificate. All fields must be completed for processing. Complete a separate form for each account. (For example, if the owner had a Roth IRA and two traditional IRAs, three separate forms must be completed.)

\_\_\_\_\_  
CUID (Credit Union will complete.)

\_\_\_\_\_  
Credit Union Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
IRA Suffix

\_\_\_\_\_  
Name of Account Owner or Coverdell ESA Designated Beneficiary (First, M. Initial, Last)

\_\_\_\_\_  
Date of Death (MM/DD/YYYY)

\_\_\_\_\_  
Account Number

\$

\_\_\_\_\_  
Account Value on Date of Death

1. This account is a:  Traditional IRA  
 Roth IRA  
 Coverdell ESA (Coverdell ESA funds must be distributed within 30 days of the death.)  
 Health Savings Account (HSA)
2. Is this an IRA beneficiary account?  Yes  No If yes, provide the name of the original IRA owner: \_\_\_\_\_
3. If the credit union has a form that was used to name death beneficiaries for this account, send a copy of that form with this Death Notice.  
 The Application or Beneficiary Designation/Change Form sent with this Death Notice is a copy of the most recent form naming death beneficiaries for this account according to our records.  
 The credit union does not have any form that names beneficiaries for this account.

### FAMILY MEMBER, FRIEND, OR OTHER PERSON TO CONTACT FOR MORE INFORMATION

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Account Owner or ESA Designated Beneficiary  
( )

\_\_\_\_\_  
Address

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
City, State, ZIP Code

We will determine the beneficiaries of this account. However, any additional information provided will expedite processing (for example, current beneficiary addresses, certified death certificates for deceased beneficiaries, field of membership rules, and/or other related documents).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### TRADITIONAL IRA DISTRIBUTIONS IN THE YEAR OF DEATH

Gross withdrawals in year of death: \$ \_\_\_\_\_ (Include normal withdrawals and periodic payments; do not include direct transfers.)

Federal taxes withheld: \$ \_\_\_\_\_

State taxes withheld: \$ \_\_\_\_\_ State: \_\_\_\_\_

### READ AND SIGN THIS SECTION

The death certificate sent with this Death Notice is a certified original or a copy that the credit union made from a certified original.

\_\_\_\_\_  
Credit Union Representative Name (Print)

\_\_\_\_\_  
Phone Number and Extension

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Credit Union Representative Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)