



Death Distribution Form

Use this form if you are a beneficiary requesting a distribution due to the death of a Transamerica Funds shareholder. This form must be accompanied by an original or certified Death Certificate, other relevant court documents, and an original signature guarantee is required. If multiple beneficiaries exist, each beneficiary must complete a separate form. For assistance call Transamerica Fund Services, Inc. at 1-888-233-4339.

Section One – Account Registration

Account Owner (Decedent) Name	Decedent Date of Death		
Account Owner (Decedent) Social Security Number	Account Owner (Decedent) Date of Birth		
Beneficiary Name			
Beneficiary Social Security Number or Tax ID Number	Beneficiary Date of Birth		
Beneficiary Mailing Address	City	State	Zip Code
Beneficiary Residential Address (if mailing address is a P.O. box)	City	State	Zip Code
Beneficiary Email Address	Beneficiary Relationship to the Decedent		

Section Two – Accounts

Fund and Account Number
Fund and Account Number
Fund and Account Number
Fund and Account Number

Section Three – Non-Retirement Plan Account Options

- I elect to receive a distribution of the entire non-retirement account balance, made payable by check and sent to my address.
- Deposit my distribution directly into my bank account. (If you elect this option, complete Section Seven.)
- I am the co-owner on a Joint Account and elect to re-register the account to a new account in my name. (A New Account Application must accompany this form. Laws regulating joint accounts vary by state. This option may not be available in all states. Contact your tax or legal advisor for more information.)
- I am a designated beneficiary on the account and elect to re-register the account in my name. (A New Account Application must accompany this form.)

Section Four – Retirement Plan Account Options

Required Minimum Distribution

If the Decedent attained the Required Beginning Date (defined as April 1 following the year in which the IRA owner attained age 70 ½) a Required Minimum Distribution (RMD) must be taken before a distribution to a beneficiary occurs.

- Process the Required Minimum Distribution at the time of the death distribution.
- Not applicable (RMD already taken or decedent did not attain age 70 ½).

Spouse Beneficiary¹

- I elect to receive a distribution made payable by check and sent to my address.
- I elect to deposit my distribution directly into my bank account. (If you elect this option, complete Section Seven.)
- I elect to directly roll over the assets in the decedent's account to an IRA under my name. (An IRA Application must accompany this form.)
- I elect to directly roll over the assets in the decedent's account to an IRA under my name at another mutual fund company. (Please enclose the proper direct rollover paperwork from the IRA Custodian accepting the assets.)
- I elect to keep the same account type of the account and receive payments over a 5-year period.² (This option is only available if the decedent did not attain age 70 ½.)
- I elect to keep the same account type of the account and receive Life Expectancy payments.² (Payments will be recalculated annually based on the beneficiary's Single Life Expectancy.)

Please check one of the following options if you desire to receive your distribution into a mutual fund account.

- Establish a new non-retirement mutual fund account in my name. (A New Account Application must accompany this form.)
- Deposit my distribution into my existing non-retirement mutual fund account.

Fund and Account Number \$ or %

Fund and Account Number \$ or %

Fund and Account Number \$ or %

Non-Spouse Beneficiary (includes estates and trusts)

Note: For distributions to an estate or trust, you must enclose trust documentation indicating the trustee(s) or other court documentation appointing an Executor.

- I elect to receive a distribution of the entire retirement account balance made payable by check and sent to my address.
- I elect to receive payments over a 5-year period. (This option is only available if the decedent did not attain age 70 ½.)²
- I elect to receive Life Expectancy payments. (Payments will be recalculated annually based on the beneficiary's Single Life Expectancy.)²

Note: This option is not applicable for Estate or Trust beneficiaries unless the IRA owner has attained age 70 ½.

- Deposit my distribution directly into my bank account. (If you elect this option, complete Section Seven.)
- Establish a new non-retirement mutual fund account in my name. (New Account Application must accompany this form.)
- Deposit my distribution into my existing non-retirement mutual fund account.
- Other (Please attach a letter of instruction.)

Fund and Account Number \$ or %

Fund and Account Number \$ or %

Fund and Account Number \$ or %

¹ If the death distribution is being taken from a 403(b) account, the spouse beneficiary cannot transfer the assets to a 403(b) account under his/her name.

² If electing this option please complete Section Five of this form as well as include the corresponding retirement application.

Section Five – Systematic Distributions

Systematic distributions: If you wish to receive your distributions systematically please fill out the section below.

- Monthly Quarterly Semi-Annually Annually

Please send to address on record (Systematic check payments will be distributed on the 20th of the month(s) elected)

ACH to Bank on Record

First payment to begin on _____ Month/Day

Section Six – Withholding Instructions (for retirement accounts only)

Federal Withholding

If you DO NOT make a federal withholding election, 10% will be withheld and forwarded to the IRS. This is a federal requirement. If you elect to not have withholding, you are still liable for payment of federal income taxes on the taxable portion of your distribution. If federal tax is withheld, state tax will also be withheld if you reside in a state listed below.

- Withhold _____% (10% minimum) as a federal income tax withholding election from my distribution.
 Do not withhold federal income tax from my distribution.

State Withholding

If federal withholding is applied to your distribution(s) above, you are required to make a state withholding election if you are a resident of one of the following states: *Arkansas, California, District of Columbia, Delaware, Iowa, Kansas, Maine, Maryland, Massachusetts, Michigan, Mississippi, Nebraska, North Carolina, Oklahoma, Oregon, Vermont, or Virginia*. These states will allow you to provide written instruction to opt out of state withholding. While we are unable to provide tax advice, you may contact Transamerica Customer Service with any additional questions regarding this option.

NOTE: The states listed above may change as a result of changing legislation. Transamerica does not withhold state taxes for states not listed above. If you are a resident of Georgia or Louisiana, you can request withholding, but it is not required.

- Withhold the state-calculated income tax for my state.
 Withhold \$ _____ (in whole dollars) for state income tax.*
 Do not withhold state income tax from my distribution.

Note: A 403(b) distribution eligible for rollover treatment that is not directly rolled over by the surviving spouse beneficiary is subject to a mandatory 20% federal tax withholding. See the Special Tax Notice in the 403(b)(7) Custodial Agreement for more information.

Section Seven – Electronic Bank Link (optional)

- I authorize money to be transferred between my financial institution and Transamerica Funds.

NOTE: If the Transamerica Funds account holder's name does not appear on the enclosed check, an original Securities Transfer Agents Medallion Program (STAMP2000) Signature Guaranteed letter from the bank account owner and the Transamerica Funds account owner, authorizing use of the bank information will be required. Also, if the account owner does not have a void check or deposit slip they may also submit a letter on bank letterhead with the routing and account number, the account type, and the names of the registered bank account owners. This letter must be signed by a branch manager and must have a Medallion Signature Guarantee stamp. Due to your bank's requirements, please allow up to 30 days for the Electronic Bank Link to begin.

PLEASE PROVIDE AN ORIGINAL VOIDED CHECK OR DEPOSIT SLIP WITH THIS FORM. ORIGINALS ARE REQUIRED. FAX OR ELECTRONIC COPIES WILL NOT BE ACCEPTED.



Death Distribution Form

Section Eight – Signature

I certify that I am the account owner and that all information provided is correct, including my Social Security Number. I expressly assume full responsibility for all tax implications of this distribution, and acknowledge that no tax advice was provided to me by the IRA Custodian or Transamerica Fund Services. Indicate your capacity to act on an estate or trust if applicable.

Signature

Date

An original Securities Transfer Agents Medallion Program (STAMP2000) Signature Guarantee is required for all death distribution requests as well as any redemptions over \$100,000.

Signature Guarantee (STAMP2000)

Name of Signing Officer (please print)

Date

Mail the completed and signed form to Transamerica Fund Services.

Regular Mail

Transamerica Fund Services, Inc.
P.O. Box 219945
Kansas City, MO 64121-9945

Overnight

Transamerica Fund Services, Inc.
330 W. 9th Street
Kansas City, MO 64105