



Claimant Statement

3500 Blue Lake Drive Suite 360
Birmingham, AL 35243
Email: smaira@sma.org

Our condolences are with you during this time. We are sorry to hear about your loss and are here to help make this transition as smooth as possible but must go through several steps to ensure proper handling.

Please complete and return this form along with a copy of the death certificate and Election of Benefits Form if applicable to the addresses provided above.

Information about the deceased IRA participant

Name: _____ Account #: _____

SSN: _____ Date of Death: _____

Information about the Claimant

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Taxpayer ID/SSN: _____ Relationships to Deceased: _____

Email: _____ Phone: _____ Home/Cell/Work (Circle One)

Alternate Phone: _____ Home/Cell/Work (Circle One)

WITNESS (To be completed by a Witness that is not related to the Claimant).

In Witness Whereof, I have hereunto set my hand, this the _____ day of _____, _____.
(month) (year)

Signature of Witness: _____ Date: _____

Signature of Claimant: _____ Date: _____

ACKNOWLEDGEMENT (To Be Completed by SMA-IRA Program Administration)

Signature: _____ Date: _____