FIRSTHAND FUNDS

NON-SPOUSE, TRUST, ESTATE OR ENTITY BENEFICIARY IRA INHERITANCE REQUEST FORM



ORIGINAL IRA OWNER'S INFORMATION

The following IRA owner has passed.	I am requesting that	you transfer ownership	of the inherited procee	eds.
ORIGINAL IRA OWNER'S NAME:	FIRST NAME	A NODE E INITIA		
	FIRST NAME	MIDDLE INITIA	L	LAST NAME
ORIGINAL IRA OWNER'S ACCOUNT N	UMBER:			
☐ ROTH IRA ☐ *TRADITIONAL IRA	/ SEP IRA / SIMPLE IR	A		
*For Traditional, SEP and SIMPLE IRAs - If the (RMD) and they had not distributed their the establishing an inherited IRA unless you can	RMD amount due for th	ne year of death, the custo		
As the designated beneficiary, trustee satisfied. Year of Death	, executor, or personal	representative I certify th	at the IRA owner's RMD, o	lue in the year of death, has been
¹ Required Beginning Date is April 1 of the Required Beginning Date is April 1 of the				1, 1949.
DECEDENT'S BIRTH DATE:		DECEDENT'S	DATE OF DEATH:	
DEATH CERTIFICATE IS: ATTACI IF APPLICABLE, A NOTARIZED AFFI IF APPLICABLE, AN INHERITANCE T BENEFICIARY INFORMATION — COMP This request is made in accordance wi (spouse, or if no surviving spouse then IF YOU ARE A SPOUSE BENEFICIARY, P In my capacity, I am requesting the prinherited IRA or liquidated as instructed. A. NON-SPOUSE BENEFICIARY - LIVIN	DAVIT OF DOMICILE (AX WAIVER: IS AT LETE A OR B th the IRA owner's be the estate of the de LEASE COMPLETE THE ortion of the deceder ed.	("AOD"): IS ATTACH TTACHED or WAS Pl eneficiary designation of the ceased owner). E SPOUSE BENEFICIARY	ED or	e beneficiary default provisions QUEST FORM.
FIRST NAME	N	MIDDLE INITIAL	LAST NAME	
STREET ADDRESS OF THE BENEFICIARY (REQUIF	ED)			
CITY	S	TATE		ZIP
BENEFICIARY SOCIAL SECURITY NUMBER:		BENEFICIARY DA	ATE OF BIRTH ² :	
RESPONSIBLE INDIVIDUAL ² :	NAME	MIDDLE INITIAL	LAST NAM	E
RESPONSIBLE INDIVIDUAL SOCIAL SECURITY NU	MBER:	RESPO	NSIBLE INDIVIDUAL DATE OF	

² This form must be signed by the parent or legal guardian of the beneficiary as responsible individual when the beneficiary is a minor under state law.

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B. NON	-SPOUSE BE	NEFICIARY - ENTITY	- PLEASE SELECT 1, 2	? or 3		
1. 🗌 ES	STATE	2. TRUST	3. OTHER EN	ГІТҮ		
ENTITY'S	TAX ID:			-	T'S SOCIAL SECURITY NUMBER 1 SS-4 – APPLICATION FOR EMPLOY	'ER IDENTIFICATION NUMBER
NAME OF	ENTITY BENEFI	CIARY - (ESTATE OF DEC	EASED OWNER / NAME AN	ID DATE OF TRUST / OTHE	R - EXAMPLE - CHARITABLE OR	RGANIZTION OR FOUNDATION)
STREET A	DDRESS OF THE	BENEFICIARY (REQUIRE	D)			
CITY			STA	ATE		ZIP
			SIGNING THIS FORM ON SE ATTACH A SEPARATE SHEET		STED ABOVE. I FOR EACH AUTHORIZED INDIVIDU	AL.
AUTHOR	RIZED INDIVID		IANAF	MIDDLE INITIAL	LACT NAME	
		FIRST N	IAIVIE	MIDDLE INITIAL	LAST NAM	Ξ
AUTHORI	ZED INDIVIDUA	L SOCIAL SECURITY NUM	1BER:	AUTH	ORIZED INDIVIDUAL DATE OF B	SIRTH:
AUTHORI	ZED INDIVIDUA	L TITLE:				
			ACH OPTION CAREFULLY.			
B d t	lease complete he inherited pr lote: To establi: IQUIDATE II leath distribut he Tax Withh heck to an alt	e and attach a Firsthand oceeds will be transferre sh required minimum life N FULL (entire balation (Code 4), under the olding Election section	Funds NON-SPOUSE, TRUSted into the same investment expectancy distributions, ance) as a reportable due name and tax id of the n. I authorize the custonsfer funds electronical	at fund(s). (Exchange privi also complete the Firsthan istribution. I understan e non-spouse beneficiar dian to mail a check¹ to by via ach into a bank an	HERITED IRA ACCOUNT APPLIC leges are available once the tro and Funds INHERITED IRA DIST d the distribution will be ray, estate, trust, or other ent	eported on IRS Form 1099-R as tity. Note: You must also complet dress unless instructions to mail
-	check will limited to	ovide an alternate add be made payable dire , a check payable to t	ectly to the beneficiary, he underlying beneficia	the custodian will not ry(ies) of a trust or esta	issue a check payable to a t te. 	ZIP eneficiary street address. The chird party, including, but not
L			ALLY VIA ACH* - (voided		sit slip required) 🔲 Check	ing Savings
В	ANK ACCOUN	IT REGISTRATION*:				
			THE BANK ACCOUNT REGI	STRATION MUST INCLUD	E THE NON-SPOUSE, TRUST, ES	STATE OR ENTITIY BENEFICIARY
В	SANK ACCOUN	IT ADDRESS ² :CITY	,		STATE	ZIP

²The address the bank has on record for the owner of the bank account.

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TAX WITHHOLDING - (REQUIRED WHEN INHERITANCE ELECTION "LIQUIDATE IN FULL" IS SELECTED)

rate of 0% below or have previously electors are not subject to withholding because to have no federal taxes withheld from	sted out of withholding. Tax will be wit they are excluded from gross income your distribution, or if you do not ha	thheld on the gross amount of the payment . This withholding procedure may result in e	withholding rules, unless you elect a withholding even though you may be receiving amounts that excess withholding on the payments. If you elect m your distribution, you may be responsible for ayments are not sufficient.
<u></u>	olding of 0%, do not withhold federal	·	
☐ I elect federal income tax withho	olding of% must be a whole	e percent, you may elect any rate from 1% to	100%.*
		ayments which has the Marginal Rate Table: lect the appropriate withholding rate.	s and "Suggestion for determining withholding"
*Generally, you can't elect less the	nan 10% federal income tax withholdi	ing for payments to be delivered outside the	United States and its possessions.
require state income tax to be withheld	d from payments if federal income to ne whether they want state taxes wit	axes are withheld or may mandate a fixed thheld. Some states have no income tax on	y. Those states with mandatory withholding may amount regardless of your federal tax election. retirement payments. Please consult with a tax
I elect NOT TO have state inc withholding).	ome tax withheld from my retiremen	t account distributions (only for residents of	states that do not require mandatory state tax
	dollar amount or percentage withhel withholding). \$		or state income taxes (for residents of states
SIGNATURE (Required)			
any agent of either of them has given no authorized to act as instructed. The Cus responsibility for any adverse conseque	o tax or legal advice to me, and that a stodian may conclusively rely on this ences, which may arise from the elec	all decisions regarding the elections made or certification and authorization without furt	rtify that the Custodian, the Firsthand Funds , or in this form are my own. The Custodian is hereby ther investigation or inquiry. I expressly assume than Funds , and their agents shall in no way be on this form.
or c. The IRS has notified me that I 3. I am a U.S. citizen or other U.S. perso 4. The FATCA code(s) entered on this fo	ng because: hholding; or e Internal Revenue Service (IRS) that l am no longer subject to backup with on (as defined in the Form W-9 instru orm (if any) indicating that I am exem	I am subject to backup withholding as a resunholding; and actions found at www.irs.gov). In the properties of the prope	ult of a failure to report all interest or dividends; ve failed to report all interest and dividends on
your tax return.			
The Internal Revenue Service does not	require your consent to any provision	n of this document other than the certificat	cions required to avoid backup withholding.
X Signature			Date:
(BENEFICIARY, RESPONSI	BLE INDIVIDUAL, OR AUTHORIZED INDIVI	DUAL FOR ENTITY - EXECUTOR, TRUSTEE, OFFICEF	(ETC.)
*Medallion Guarantee			
*Medallion Stamp		is a domestic bank or trust company, sec association that participates in a medallic Agents Association. The three recognized Agents Medallion Program (known as	nd Signature (If required): An eligible guarantor urities broker/dealer, clearing agency or savings on program recognized by the Securities Transferd medallion programs are the Securities Transfer STAMP), Stock Exchanges Medallion Program gram (MSP). A notarization from a notary public
		Beneficiary capacity is maintained by the account records and the guarantor is not	ne custodian as part of the original IRA owner's certifying the beneficiary status.
Mail to the following:	First Class Mail:	Overnight Mail:	Customer Service:
	Firsthand Funds	Firsthand Funds	1-888-884-2675
	P.O. Box 534444	Attention: 534444	
	Pittsburgh, PA 15253-4444	500 Ross Street, 154-0520 Pittsburgh, PA 15262	

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Substitute W-4R 2024 - Withholding Certificate for Nonperiodic Payments - For use with IRAs ONLY

Where instructed to provide your withholding election on "line 2" use the space provided on the attached form under "Federal Income Withholding Election."

2024 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See below for more information on how to use this table.

Single or Married filing Separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
14,600	10%	29,200	10%	21,900	10%
26,200	12%	52,400	12%	38,450	12%
61,750	22%	123,500	22%	85,000	22%
115,125	24%	230,250	24%	122,400	24%
206,550	32%	413,100	32%	213,850	32%
258,325	35%	516,650	35%	265,600	35%
623,950*	37%	760,400	37%	631,250	37%
*If married filing separately, use \$380,200 instead for this 37% rate.					

General Instructions: Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See below for the rules and options that are available for each type of payment.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments unless you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering "-0-" on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including "-0-") on any payments to be delivered outside the United States and its territories .

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter "-0-" on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 2 - More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including "-0-") if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter "-0-".

Suggestion for determining withholding. Consider using the Marginal Rate Tables above to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions,

and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See Example 1 below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See Example 2 below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for Examples 1 and 2. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$62,000 without the payment. Step 1: Because your total income without the payment, \$62,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$82,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Because these two rates are the same, enter "22" on line 2.

Example 2. You expect your total income to be \$43,700 without the payment. Step 1: Because your total income without the payment, \$43,700, is greater than \$26,200 but less than \$61,750, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$63,700 is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. The two rates differ. \$18,050 of the \$20,000 payment is in the lower bracket (\$61,750 less your total income of \$43,700 without the payment), and \$1,950 is in the higher bracket (\$20,000 less the \$18.050 that is in the lower bracket). Multiply \$18,050 by 12% to get \$2,166. Multiply \$1,950 by 22% to get \$429. The sum of these two amounts is \$2,595. This is the estimated tax on your payment. This amount corresponds to 13% of the \$20,000 payment (\$2,595 divided by \$20,000). Enter "13" on line 2.