



CGM FUNDS

INHERITING IRA BENEFICIARY RE-REGISTRATION FORM

Please use this form if you are the beneficiary of a deceased Traditional (includes SEP) or Roth IRA holder's account and you need to move the assets into your name.

IMPORTANT NOTE: For accounts with multiple beneficiaries, each beneficiary must complete a separate CGM Funds Inheriting IRA Beneficiary Re-Registration Form.

1. ORIGINAL ACCOUNT OWNER'S INFORMATION (DECEDENT)

Type of IRA (please check one box): Traditional IRA (includes SEP IRA) Roth IRA

Name of Deceased Account Owner	Date of Birth	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> </tr> </table>										

Address

City	State	Zip Code
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Fund Name	Account Number	Deceased Account Owner's Date of Death
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2. BENEFICIARY INFORMATION (YOU)

Name	Date of Birth	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> </tr> </table>										

Address	Telephone Number
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City	State	Zip Code
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3. ACCOUNT RECEIVING THE IRA ASSETS — Please check one box.

Spouse Beneficiary*

Spouse Beneficiary Transfer IRA — If you are the spouse beneficiary of a decedent's CGM IRA and you wish to transfer the decedent's assets into your own IRA, please check one box below.

Transfer assets to my existing CGM IRA:

Fund Name	Account Number
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Transfer assets to a new CGM IRA: Please complete this form and the CGM IRA Account Application.

Beneficiary (DCD) IRA — If you are the spouse beneficiary of a decedent's CGM IRA and you wish to transfer the decedent's assets into a new Beneficiary (DCD) IRA, please complete this form and the CGM IRA Account Application.

Non-Spouse Beneficiary* — This is the only option for a non-spouse beneficiary.

Beneficiary (DCD) IRA — If you are the non-spouse beneficiary of a decedent's CGM IRA and you wish to transfer the decedent's assets into a new Beneficiary (DCD) IRA, please complete this form and the CGM IRA Account Application.

*Medallion Signature Guarantee required (please see section 6)

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4. TRANSFER AMOUNT — Please check one box.

- Please transfer ALL shares of the decedent's IRA into the account specified in section 3.
- Please transfer \$ _____ OR _____ % of the decedent's IRA into the account specified in section 3.

5. REQUIRED MINIMUM DISTRIBUTION — Required only for Traditional (includes SEP) IRAs and if the deceased IRA holder was age 70 ½ or older in the year of death.

If the deceased Traditional or SEP IRA holder was age 70 ½ or older and did not take a Required Minimum Distribution (RMD) in the year of death, then an RMD must be taken before the account can be re-registered.

- The deceased IRA owner already fulfilled this tax year's RMD.
- The deceased IRA owner has not fulfilled the RMD due for this tax year. Please check one box in each category below (5A, 5B, 5C and 5D).

5A. Calculation Method:

- I've calculated the deceased IRA holder's RMD and would like to distribute \$ _____ or;
- I would like CGM to calculate the deceased IRA holder's RMD using the:
- IRS Uniform Lifetime Table or;
 - IRS Joint Life Table (The Spouse must be more than 10 years younger and the sole primary beneficiary)

5B. Distribution Percentage:

- I am the sole designated beneficiary, please send the entire RMD amount to the beneficiary listed in section 2.
- I am not the sole designated beneficiary, please send \$ _____ OR _____ % of the RMD amount to the beneficiary listed in section 2.

5C. Payment Method and Instruction:

- Send check to Beneficiary at address of record (listed in section 2)***
- Send proceeds by federal funds wire to my bank*** Staple a check marked "void" from your checking account. Starter checks, money market checks, deposit slips, and counter checks are not acceptable. If proceeds are being wired to a savings bank, it must have only one correspondent bank that is a member of the Federal Reserve System. A \$5 wire fee will be deducted from the proceeds.
- Send proceeds by Automated Clearing House (ACH) to my bank*** Staple a check marked "void" from your checking account. Starter checks, money market checks, deposit slips, and counter checks are not acceptable. If proceeds are being sent to a savings bank, it must have only one correspondent bank that is a member of the Federal Reserve System. ACH redemptions over \$50,000 cannot be accepted. Please confirm eligibility, fees, and applicable routing number(s) for ACH transactions with your financial institution.

*Medallion Signature Guarantee required (please see section 6)

5D. Withholding Instructions: (Form W-4P/OMB No. 1545-0074)

If you do not check a box for federal tax withholding, 10% will be withheld from your distribution and sent to the IRS. In general, you cannot exempt yourself from withholding if payments are delivered outside the United States. If you are a nonresident alien, do not complete this section. Please also note that certain states require mandatory withholding. For more information on withholding, please call 800-598-0782.

- Withhold federal income tax at a rate of _____ %** (not less than 10 percent) from the amount withdrawn.
- Withhold additional federal income tax of \$ _____.**
- Effective ____/____/____ I elect not to have federal income tax withheld.** I understand that I am still liable for the payment of federal income tax on the amount received. I also understand that I may be subject to federal income tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding are insufficient.

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6. SIGNATURE AND DECLARATION

By my signature below, I confirm that I am the beneficiary of the decedent's IRA and that I am requesting to transfer the decedent's IRA assets into a new IRA account. I certify that all of the information on this form is accurate. I further certify that I have not received any tax advice from the Custodian, CGM, or its affiliates. All decisions regarding this distribution are my own. I expressly assume the responsibility for any adverse consequences which may arise from this distribution and I agree that the Custodian, CGM or its affiliates shall in no way be held responsible.

IMPORTANT NOTE: *If you are establishing a Beneficiary (DCD) IRA, you must take your first distribution no later than December 31st of the year following the year of the IRA holder's death. If no distribution option has been elected by that time, your Beneficiary (DCD) IRA will automatically default to Life Expectancy Payments, per IRS guidelines. Please consult your tax advisor or visit the IRS website, www.irs.gov, before making your election.*

Beneficiary or Legal Representative	Legal Capacity	Date
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Medallion Signature Guaranteed By:*

Name of Bank or Firm	Signature of Officer and Title	Date
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* *A Medallion Signature guarantee is required if the proceeds are being moved from a deceased IRA holder's account into a beneficiary's account, or if the beneficiary is requesting that an RMD payment be distributed before the account is transferred. Signatures can be guaranteed by an eligible guarantor institution in accordance with procedures established by the Fund's Shareholder Servicing Agent, Boston Financial Data Services (BFDS). A signature guarantee by a notary public is not acceptable.*

QUESTIONS? CALL 800-598-0782

Return this form to: The CGM Funds, c/o BFDS, P.O. Box 8511, Boston, MA 02266-8511
For overnight delivery, mail to: The CGM Funds, c/o BFDS, 30 Dan Rd., Canton, MA 02021-2809

Instructions and transaction requests by facsimile or e-mail are not accepted.

