

# Application for Consent to Transfer the Proceeds of Insurance Contracts, Employer Death Benefits and Retirement Plans for Resident and Non-Resident Decedents (5731.39 O.R.C.)

Part I Identification				
Decedent's Last Name	Decedent's First Name and In	ent's First Name and Initial		
Decedent' Residence			County of Residence	
street	city, villa	ge, township		
Decedent's Social Security Number			Case Number	
Name of Surviving Spouse if app	olicable			
Estate Representative(s) Last Name		First Na	First Name	
Estate Representative(s) Address	<b>S</b>			
Applicant(s) Last Name		First Name		
Applicant's Address	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
Signature of App	plicant	Title		
	d by Agent of the Tax Comn the Decedent's Residence		ounty Auditor)	
The application for consent to trans	sfer is:			
Approved	] Not Approved			
Tax Commissioner		By	Date	

Part III Benefits Payable by a	n Insurance C	ompany (to	be completed by insurer)
A consent is <b>not</b> necessary for straight life	insurance payable	to a named ber	neficiary other than the estate.
Name of insured		Owner of policy or contract	
Name of insurance company	Type of policy of	or contract	Number of policy or contract
		,	
Address of insurance company	Value at date of	of death	If annuity, yearly payment
			· ·
Beneficiary(s) name		Address	
Relationship of beneficiary to decedent			Beneficiary(s) date of birth
	· ·		
			A.
Part IV Employment Related I	Benefits (to be	e completed	d by employer)
This form is not for IRAs and Keogh Plans h	neld in a banking in	nstitution. See E	T Form 12.
Name of employer	1		
1			
Address of employer			
		· .	·
D.O.D. Value \$	Check one:	☐ IRA	☐ Keogh ☐ Other
Lump sum \$ Annually \$	\$	Monthly \$	Other \$
Beneficiary(s) name		Address	
Relationship of beneficiary to decedent			Beneficiary(s) date of birth

#### **General Information**

All county auditors have been appointed agents of the Tax Commissioner for the purpose of issuing consents to transfer. (Section 5731.41)

### How to obtain a release

Submit the completed application to the county auditor in the county of the decedent's residence. The county auditor will review the application and return a copy to the applicant. If the name and address of the county auditor is needed, please call the Ohio Department of Taxation, Estate Tax Division, at 1-800-977-7711.

- 1. Complete a separate application for each benefit.
- 2. Application will **not** be processed unless completed in its entirety and signed by the applicant.
- 3. The approval of a consent to transfer does not determine a tax liability
- 4. The county auditor will forward a copy of the approved application to the tax commissioner.

#### When a consent to transfer is required (Section 5731.09(A) and (B) and Section 5731.39 (C) and (D)

#### A consent must be obtained for the following:

- 1. Annuities payable to a named beneficiary or the estate.
- 2. Matured endowments payable to a named beneficiary or the estate.
- 3. Supplemental contracts payable to a named beneficiary or the estate.
- 4. Straight life insurance payable to the estate.
- 5. Life insurance owned by decedent on the life of another person.
- 6. Employer related death benefits in excess of \$2,000 including
  - a. retirement benefits payable to a named beneficiary or the estate;
  - b. pension or profit sharing plans payable to a named beneficiary or the estate:
  - c. IRAs payable to a named beneficiary or the estate;
  - d. Keoghs payable to a named beneficiary or the estate;
  - e. corporate plans, whether qualified or unqualified, payable to a named beneficiary or the estate;
  - f. any deferred compensation program; and
  - g. bonus plans.

## When a consent to transfer is not required (Section 5731.09)

#### A consent is **not** required for the following:

- 1. straight life insurance benefits payable to a named beneficiary other than the estate;
- 2. when any of the above-listed assets are payable to the surviving spouse and the date of death is on or after 10/01/96; or
- 3. any of the above-listed assets are \$25,000 or less, regardless of beneficiary; or
- 4. the Federal Coal Mine & Safety Act annuity payable under Title IV of 1969 (black lung benefits).