ROTH IRA REQUEST FOR DISTRIBUTION

Please review all information below and complete the fields below, as applicable. If you have any questions regarding the information on this form, please contact one of our Customer Care Associates at 877-247-ALLY (2559).

Roth IRA Owner Information

Name | Social Security Number | Date of Birth

Address | Home Phone Number

City/State/Zip | Daytime Phone Number

Type of Distribution

- ☐ Early (under age 59½) — other than disability or death
- ☐ Disability — under age 59½ (certification of disability may be required)
- ☐ Death — (death certificate or its equivalent must be attached)
- ☐ Age 59½ or older
- ☐ Return, by applicable deadline, of contribution made in current year — under age 59½? ☐ Yes ☐ No
- ☐ Return, by applicable deadline, of contribution made in prior year — under age 59½? ☐ Yes ☐ No
- ☐ Divorce — transfer to Roth IRA of spouse or former spouse, under a decree of divorce or legal separation (not reportable)

Has the 5-year holding period been met? ☐ Yes ☐ No ☐ I do not know

Account, Payment Election, and Method

Account Number(s): _____

- ☐ Total Balance (to close Roth IRA)
- ☐ Partial Payment of $ _____

- ☐ Return of Contribution— Amount $ _____ plus net income attributable

- ☐ Monthly Interest Check
- ☐ Other: _____

Frequency: ☐ Immediate ☐ At maturity date of : _____

☐ Monthly ☐ Quarterly ☐ Annually ☐ Other First Payment Date: _____

Funds Disposition:
- ☐ Mail to Address of Record
- ☐ Deposit to my existing Ally Bank Account Number: _____
- ☐ Other: _____

Signatures

I certify that, to the best of my knowledge, the information provided on this form is true and correct and may be relied on by the Custodian. I understand that this transaction may be subject to fees, taxes, and/or penalties. Due to the potential tax consequences of this transaction, I agree to seek the advice of a legal or tax professional, as needed. The Custodian has not provided me with any legal or tax advice, and I assume full responsibility for this transaction. I will not hold the Custodian liable for any adverse consequences that may result from this transaction.

X			
Signature of IRA Plan Owner	Date	Signature of Custodian	Date