

RETURN TO:

Return this form with any attached documents to us in your Secure Messages.
Once you log in, choose Email to send us a Secure Message.

You can also mail or fax it.

Mail

Ally Bank
PO Box 13625
Philadelphia, PA 19101-9946

Fax

Subject Line: Operations
Fax Number: 866-699-2969

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

| | |
|---|--|
| <input type="checkbox"/> | Early (under age 59½) — other than disability or death |
| <input type="checkbox"/> | Disability — under age 59½ (certification of disability may be required) |
| <input type="checkbox"/> | Death — (death certificate or its equivalent must be attached) |
| <input type="checkbox"/> | Age 59½ or older |
| <input type="checkbox"/> | Return, by applicable deadline, of contribution made in current year — under age 59½? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | Return, by applicable deadline, of contribution made in prior year — under age 59½? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know | |

Account, Payment Election, and Method

| |
|--|
| Account Number(s): _____ |
| <input type="checkbox"/> Total Balance (to close Roth IRA) |
| <input type="checkbox"/> Partial Payment of \$ _____ |
| <input type="checkbox"/> Return of Contribution— Amount \$ _____ plus net income attributable |
| <input type="checkbox"/> Monthly Interest Check |
| <input type="checkbox"/> Other: _____ |
| Frequency: <input type="checkbox"/> Immediate <input type="checkbox"/> At maturity date of : _____ |
| <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other First Payment Date: _____ |
| Funds Disposition: <input type="checkbox"/> Mail to Address of Record |
| <input type="checkbox"/> Deposit to my existing Ally Bank Account Number: _____ |
| <input type="checkbox"/> 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