RETURN INSTRUCTIONS

Return this form with any attached documents using one of these methods:

Upload/Secure Message

Log in at ally.com, choose Email / Bank Accounts / Send a New Secure Message.

Mail

Ally Bank
PO Box 13625
Philadelphia, PA 19101

Fax

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

IRA BENEFICIARY REQUEST FOR DISTRIBUTION - ROTH

(For Deaths After 2019)

Review and complete the fields below, as applicable. Mail completed form to Ally Bank, P.O. Box 13625, Philadelphia, PA 19101 or use other return options identified on the cover page. **Questions?** Call us at 877-247- 2559. Our customer care is available 24/7 to help with whatever you need.

Deceased Roth IRA Owner

NAME	SSN/TAX ID NUMBER	DATE OF BIRTH	DATE OF DEATH

Beneficiary

NAME	SSN/TAX ID NUMBER	DATE OF BIRTH
ADDRESS	PERSONAL PHONE	WORK PHONE
CITY	STATE	ZIP CODE

Beneficiary Election

NO DESIGNATED BENEFICIARY (BENEFICIARY IS NOT AN INDIVIDUAL)

◯ I will withdraw all assets by December 31 of the fifth year after the year the Roth IRA owner died.

DESIGNATED BENEFICIARY OTHER THAN ELIGIBLE DESIGNATED BENEFICIARY (SEE BELOW)

◯ I will withdraw all assets by December 31 of the tenth year after the year the Roth IRA owner died.

ELIGIBLE DESIGNATED BENEFICIARY

Complete this section if you are the Roth IRA owner's surviving spouse beneficiary; then complete the Payment Election and Method section.

◯ I will withdraw all assets by December 31 of the tenth year after the year the Roth IRA owner died.

◯ I will withdraw all assets in a series of payments over a period not longer than my single life expectancy. I will begin distributions by December 31 of the later of: (1) the year the Roth IRA owner would have attained age 72, or (2) the year following the year the Roth IRA owner died. My life expectancy will be recalculated each year.

Note: As the Roth IRA owner's spouse, you may be allowed to roll over or transfer the assets of this Roth IRA to your own Roth IRA.

Complete this section if you are the Guardian for the Roth IRA owner's minor child, or if the Roth IRA beneficiary is disabled or chronically ill, or if the Roth IRA beneficiary is not more than ten years younger than the Roth IRA owner; then complete the Payment Election and Method section.

◯ I will withdraw all assets by December 31 of the tenth year after the year the Roth IRA owner died.

◯ I will begin distributions by December 31 of the year following the year the Roth IRA owner died. My life expectancy will be reduced by one each year.

Note: If the Roth IRA owner's beneficiary is a minor child, they may continue the life expectancy payments until they reach the age of majority. At that time, they must withdraw all assets by December 31 of the tenth year after the year they reach the age of majority.

IRA BENEFICIARY REQUEST FOR DISTRIBUTION - ROTH

(For Deaths After 2019)

Payment Election and Method

☐ Required Minimum Death Distribution

◯ Total Balance (to close Roth IRA) ◯ Other: ____________

Frequency:

◯ Monthly ◯ Quarterly ◯ Semi-Annually ◯ Annually ◯ Other: ____________

FIRST PAYMENT DATE

____

Funds Disposition:

☐ Mail to Beneficiary ☐ Transfer to Spouse's IRA ☐ 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 important 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.

SIGNATURE OF BENEFICIARY	DATE	AUTHORIZED SIGNATURE OF CUSTODIAN	DATE