# **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.

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Ally Bank

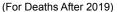
PO Box 13625

Philadelphia, PA 19101

Fax

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

## IRA BENEFICIARY REQUEST FOR DISTRIBUTION - ROTH





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 BI    | RTH           |
| ADDRESS                   | PERSONAL PHONE    | WORK PHO      | NE            |
| 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 M | ethod |
|---------|----------|-------|-------|
|---------|----------|-------|-------|

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