

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

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