



P.O. Box 669802, Dallas, TX 75266-0955

ROTH IRA REQUEST FOR DISTRIBUTION

Please review all information below and **complete all fields**, as applicable. If you have any questions regarding the information on this form, please contact our IRA Specialists toll-free at 1-866-226-5638.

ACCOUNT NUMBER: _____

Roth IRA Owner Information

Name _____ Social Security Number _____ Date of Birth _____

Address (Enter your permanent residence address) _____ Phone Number _____

City _____ State _____ Zip _____

Type of Distribution

- Early (under age 59½) — other than disability or death
- Disability — under age 59½ (certification of disability may be required)*
- Qualified Reservist Distribution
- Death - (death certificate or its equivalent must be attached)*
- Age 59½ or older*
- Qualified Charitable Distribution (age 70½ or older) on or before 12-31-2007 (Check must be payable to a qualified charity)
- 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
- Recharacterization of contribution made for, or conversion made in, current prior year (complete Recharacterization Form)
- 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

Payment Election

- Total Balance (to close Roth IRA)
- Partial Payment of \$ _____
- Return of Contribution or Recharacterization — Amount \$ _____, plus net income attributable of \$ _____
- Monthly Interest (CD's only, ACH or Transfer to another Synchrony account))
- Other _____

Payment Method

Requested Distribution Date (for One-Time Distribution):

Immediate At CD Maturity Date of: _____ Other Payment Date: _____

Requested Distribution Date (for Recurring Distributions):

Monthly Quarterly Annually First Payment Date: _____

(The above instructions replace any prior instructions for recurring distributions. Recurring distributions will be processed from the account with the lowest interest rate at time of distribution)

Funds Disposition: Mail to Address of Record (not available for Monthly Interest)

ACH (Please see the ACH Section below for instructions)

Deposit to my existing Synchrony Bank Account Number: _____

Pay to Qualified Charity – Name of Charity: _____

Address: _____ City, State, Zip: _____

(Wires are for one-time payments only and a \$25 fee will be charged)

Fed Fund Wire - Bank Name: _____ Routing Number: _____ Account Number: _____

Other: _____





ACCOUNT NUMBER: _____

CUSTOMER NAME: _____

ACH (Complete only if ACH is selected as payment method)

The receiving bank is already linked to my Synchrony account: Bank Name: _____

Account Number: _____

The receiving bank is not linked to my Synchrony account. I am providing the bank information below:

Bank Name: _____

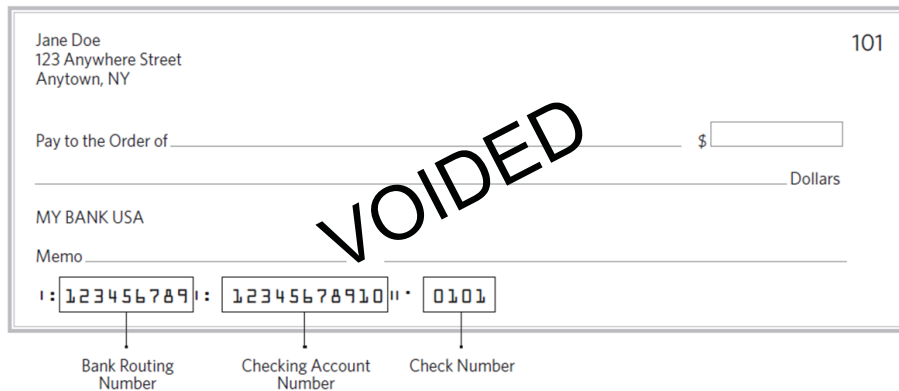
Routing Number: _____ Account Number: _____

Account Type: Checking (please include voided check*) Savings

*We cannot accept starter checks, counter checks, or check numbers below 100.

If a voided check is not available, or if account type is Savings, please provide a bank statement or a signed official letter on bank letterhead that includes all of the following:

- Bank name
- Account owner's name(s)
- Full account number
- Routing number



Note: There are no Synchrony Bank fees for ACH (Automated Clearing House) electronic transactions.

Signature

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 Trustee/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 Trustee/Custodian has not provided me with any legal or tax advice, and I assume full responsibility for this transaction. I will not hold the Trustee/Custodian liable for any adverse consequences that may result from this transaction.

X _____
Account Owner's Signature Date Printed Name

Purpose - The Withholding Election section on this form is for U.S. citizens, US resident aliens, or their estates who are recipients of IRA distributions. You may use this form to choose **(a)** not to have any income tax withheld from the IRA distribution (except for IRA distributions to U.S. citizens delivered outside the United States or its possessions) or **(b)** to have an additional amount of tax withheld.

Your previously filed withholding election will remain in effect until you provide us with a new valid withholding certificate.

Sign this form - The withholding election made on this form is not valid unless you sign and date this form.

Section references are to the Internal Revenue Code.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a non periodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R or payer substitute form if you want to change your election.

IRA Distributions (Non periodic payments) - 10% withholding. Your payer must withhold at a default 10% rate from your IRA distributions **unless** you choose not to have income tax withheld. You can choose not to have income tax withheld from your distribution by checking the first box in the Withholding Election section on this form. You may specify an additional amount to be withheld by checking the second box and indicating how much you want withheld.

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2022, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Choosing Not to Have Income Tax Withheld - You (or in the event of death, your beneficiary or estate) can choose not to have income tax withheld from your IRA distributions by checking the first box in the Withholding Election section on this form. For an estate, the election to have no income tax withheld may be made by the executor or personal representative of the decedent. Enter the estate's EIN in the area reserved for "Social Security Number" on this form.

Changing Your "No Withholding" Choice - If you previously chose not to have income tax withheld and you now want withholding, check the second box in the Withholding Election section on this form.

Payments to Nonresident aliens, Foreign Persons and Payments Outside the United States - Do not use Form W-4R or this form. Withholding is required on any IRA distributions that are delivered to nonresident aliens, foreign persons or outside the United States or its possessions. You **cannot** choose not to have income tax withheld. See Pub. 515 or Pub. 519 for additional details. In the absence of a tax treaty exemption, nonresident aliens, nonresident alien beneficiaries, and foreign estates generally are subject to a 30% withholding tax under section 1441 and the regulations thereunder.

Privacy Act and Paperwork Reduction Act Notice - We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to **(a)** request additional federal income tax withholding from your IRA distribution, **(b)** choose not to have federal income tax withheld, when permitted, or **(c)** change or revoke a previous withholding election. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s).

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal non-tax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.