



ROTH IRA REQUEST FOR DISTRIBUTION

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

Roth IRA Owner Information

| | | |
|----------------|---------------------------------|---------------|
| Name | Social Security Number | Date of Birth |
| Address | Home Phone Number ext | |
| 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)*
 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

Account, Payment Election, and Method

Account Number(s): _____

Total Balance (to close Roth IRA)
 Partial Payment of \$ _____
 Return of Contribution or Recharacterization — Amount \$ _____, plus net income attributable of \$ _____
 Monthly Interest Check (CDs only – not permitted on MMAs)
 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 Synchrony Bank Account Number: _____
 Pay to Qualified Charity – Name of Charity: _____
 Address: _____ City, State, Zip: _____
 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 Trustee/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 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 _____
 Signature Date Authorized Signature of Trustee/Custodian Date