



Dear Valued Customer,

Please complete the attached Traditional IRA Request for Distribution. Synchrony Bank only applies state withholding to distributions of residents in states that have mandatory state withholding requirements. Each state has its own withholding requirements; Synchrony Bank will withhold state income tax at the state minimum withholding rate and in accordance with the respective state's rules.

Certain states require us to withhold state income tax from your distribution without the option to 'opt out'. **Residents of Arkansas, Georgia, Iowa, Maine, Massachusetts, Michigan, Missouri, North Carolina and New Jersey must fill out the state specific withholding form to opt out of state withholding.** Your state of residence is determined based on your permanent residence address on record with Synchrony Bank.

State laws are constantly subject to change. Synchrony Bank reserves the right to change withholding rates without prior notice. Synchrony Bank is not responsible for the accuracy of the information printed in this distribution form. You are responsible for ensuring that the proper amount of Federal and/or State tax is applied to your distribution. Federal and/or State penalties may apply for insufficient withholding. If you have questions regarding Federal or State withholding contact your tax advisor or relevant tax authority.

Mail form(s) to:
Synchrony Bank
P.O. Box 105972
Atlanta, GA 30348-5972

You may also fax both forms to us at 1-844-713-2595. If you have any questions, please contact us by calling 1-866-226-5638. You can also visit our website at synchronybank.com and select "Contact Us" to access our Secure Messaging portal.

Thank you for banking with Synchrony Bank.

Sincerely,

Synchrony Bank
Customer Service

TRADITIONAL IRA

REQUEST FOR DISTRIBUTION - INCLUDING FEDERAL AND STATE WITHHOLDING ELECTION

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 Banking Representatives toll-free at 1-866-226-5638.

ACCOUNT NUMBER: _____

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) — no known exception (Check this box if no other box applies)
- Early (under age 59½) — exception applies (only for substantially equal periodic payments, conversion to Roth IRA, or IRS levy)
- Early (under age 59½) — Qualified Reservist Distribution
- Disability — under age 59½ (certification of disability may be required)
- Death
- Normal (age 59½ or older)
- Qualified Charitable Distribution (age 70½ or older) (Check must be payable to a qualified charity)
- Return, by applicable deadline, of contribution made in current prior year — under age 59½? Yes No
- Return, after applicable deadline, of excess contribution — under age 59½? Yes No
- Divorce — transfer to IRA of spouse or former spouse, under a decree of divorce or legal separation (not reportable)

Payment Election

- Total Balance (to close IRA)
- Partial Payment of \$ _____
- Return of Contribution — Amount \$ _____, plus net income attributable of \$ _____
- Required Minimum Distribution ("RMD") Only (**Based on Uniform Distribution Table unless next box is checked**)
 - Base RMD on Joint Life Expectancy Tables - Birthdate of Spouse: _____
(Only if spouse is sole primary beneficiary and more than 10 years younger than account holder)
- Monthly Interest Check (CDs only – not permitted on MMAs)
- Required Minimum Death Distribution

Payment Method

Requested Distribution Date *(for One-Time Distribution)*:

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

Requested Distribution Frequency *(for Recurring Distributions)*:

Monthly Quarterly Annually First Payment Date: _____
(The above instructions replace any prior instructions for recurring distributions)

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: _____

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

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

Federal Withholding Election

IRA distributions are generally subject to federal income tax withholding at a flat rate of 10% unless you elect to have no withholding, or elect to have an additional amount withheld.

- Do not withhold federal income tax from my IRA distributions
- Withhold federal income tax of _____% (at least 10%) from my IRA distributions
- Withhold additional federal income tax of \$ _____

State Withholding Election

Do not withhold State Income Tax from my IRA distribution - If this box is not checked, state withholding will be applied to the distribution (*Only for residents of California, Oklahoma, Oregon and Vermont*)
Residents of Arkansas, Georgia, Iowa, Maine, Massachusetts, Michigan, Missouri, North Carolina and New Jersey must fill out the state specific IRA withholding form to opt out of State Withholding.

Withhold \$ _____ or _____%
(*Only for residents of Connecticut, Indiana, Maryland, Missouri, New Jersey, Utah and Wisconsin*)

Withhold my state's minimum withholding rate (rates may change without prior notice)
(*Only applicable for residents of Arkansas, California, District of Columbia, Delaware, Georgia, Iowa, Kansas, Massachusetts, Maine, Michigan, Mississippi, North Carolina, Nebraska, Oklahoma, Oregon, and Vermont*)

Additional Withholding above the current State Minimum Rate _____% or \$ _____
(*Only applicable for residents of Arkansas, California, District of Columbia, Delaware, Georgia, Iowa, Kansas, Massachusetts, Maine, Michigan, Mississippi, North Carolina, Nebraska, Oklahoma, Oregon, and Vermont*)

Standing Instructions (Optional)

Please complete this section if you would like to establish standing instructions for all future on-demand distributions that you may request. Standing instructions will expire after 12 months of non-use.

Method of Delivery

- Deposit to existing Synchrony Bank account number _____
- Federal Fundwire
- Check

Federal Tax Withholding Election

- Do not withhold federal income tax from my IRA distributions
- Withhold federal income tax of _____% from my IRA distributions (*Percentage must be greater than the 10% federal minimum rate*)

State Tax Withholding Election

Do not withhold State Income Tax from my IRA distribution - If this box is not checked, state withholding will be applied to the distribution (*Only for residents of California, Oklahoma, Oregon and Vermont*)
Residents of Arkansas, Georgia, Iowa, Maine, Massachusetts, Michigan, Missouri, North Carolina and New Jersey must fill out the state specific IRA withholding form to opt out of State Withholding.

Withhold \$ _____ or _____%
(*Only for residents of Connecticut, Indiana, Maryland, Missouri, New Jersey, Utah and Wisconsin*)

Withhold my state's minimum withholding rate (rates may change without prior notice)
(*Only applicable for residents of Arkansas, California, District of Columbia, Delaware, Georgia, Iowa, Kansas, Massachusetts, Maine, Michigan, Mississippi, North Carolina, Nebraska, Oklahoma, Oregon, and Vermont*)

Additional Withholding above the current State Minimum Rate _____% or \$ _____
(*Only applicable for residents of Arkansas, California, District of Columbia, Delaware, Georgia, Iowa, Kansas, Massachusetts, Maine, Michigan, Mississippi, North Carolina, Nebraska, Oklahoma, Oregon, and Vermont*)

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

Print Name