

TRADITIONAL IRA BENEFICIARY 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: _____

Deceased IRA Owner Information

Name _____ Social Security Number _____ Date of Birth _____ Date of Death _____

Beneficiary Information

Name _____ Social Security Number _____ Date of Birth _____

Street Address (P.O. Boxes not accepted) _____ City _____ State _____ ZIP Code _____ Phone Number _____

Complete this section if IRA owner died on or after January 1, 2020

(Complete the next section if the IRA owner died on or before December 31, 2019)

No Designated Beneficiary (Beneficiary is not an individual)

Complete this section only if the IRA owner died before the required beginning date; then complete the Payment Election and Method box.

- I will withdraw all assets by December 31st of the fifth year after the year the IRA owner died.

Complete this section only if the IRA owner died on or after the required beginning date; then complete the Payment Election and Method box.

- I will withdraw all assets in a series of payments over a period not longer than the IRA owner's remaining single life expectancy (based on the IRA owner's age on his or her birthday in the year of death and reduced by one each year thereafter).

Designated Beneficiary other than Eligible Designated Beneficiary (See below)

- I will withdraw all assets by December 31st of the tenth year after the year the IRA owner died.

Eligible Designated Beneficiary

Complete this section if you are the IRA owner's surviving spouse beneficiary; then complete the Payment Election and Method box.

- I will withdraw all assets by December 31st of the tenth year after the year the 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 31st of the later of : (1) the year the IRA owner would have attained age 72, or (2) the year following the year the IRA owner died. My life expectancy will be recalculated each year.

Note: As the IRA owner's spouse, you may be allowed to roll over or transfer the assets of this IRA to you own IRA.

Complete this section if you are the IRA owner's minor child, or if you are disabled or chronically ill, or if you are not more than ten years younger than the IRA owner; then complete the Payment Election and Method box.

- I will withdraw all assets by December 31st of the tenth year after the year the 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 31st of the year following the year the IRA owner died. My life expectancy will be reduced by one each year.

Note: As the IRA owner's minor child, you may continue the life expectancy payments until you reach the age of majority. At the time, you must withdraw all assets by December 31st of the tenth year after the year you reach the age of majority.



ACCOUNT NUMBER: _____

CUSTOMER NAME: _____

Complete this section if IRA owner died on or before December 31, 2019

(Complete the prior section if the IRA owner died on or after January 1, 2020)

Death Before Required Beginning Date

Complete this section only if the IRA owner died before the required beginning date; then complete the Payment Election and Method box.

- I will withdraw all assets by December 31st of the fifth year after the year the IRA owner died.
- I will withdraw all assets in a series of payments over a period not longer than my single life expectancy. I am a:
 - Spouse beneficiary- I will begin distributions, by December 31st of the later of: (1) the year the IRA owner would have attained age 70 1/2, or (2) the year following year the IRA owner died. My life expectancy will be recalculated each year.
 - Nonspouse beneficiary- I will begin distributions by December 31st of the year following the year the IRA owner died. My life expectancy will be reduced by one each year.

Note: If you are the IRA owner's spouse, you may be allowed to roll over or transfer the assets of this IRA to your own IRA.

Death After Required Beginning Date

Complete this section only if the IRA owner died on or after the required beginning date; then complete the Payment Election and Method box. For the year of the IRA owner's death, if the IRA owner did not take the required minimum distribution prior to death, the required minimum death distribution is the IRA owner's undistributed required minimum distribution for the year. For subsequent years, the required minimum death distribution will be determined as follows:

- Spouse beneficiary: I will withdraw the assets in a series of payments over a period not to exceed the longer of: 1) my single life expectancy, determined as of my attained age each year, or 2) the IRA owner's single life expectancy (based on the IRA owner's age on his birthday in the year of death and reduced by one each year thereafter).
- Non-spouse beneficiary: I will withdraw the assets in a series of payments over a period not to exceed the longer of: 1) my single life expectancy (based on my age on my birthday in the year after the year the IRA owner died and reduced by one each year thereafter), or 2) the IRA owner's single life expectancy (based on the IRA owner's age on his birthday in the year of death and reduced by one each year thereafter).
- Non-living-individual beneficiary: The assets will be withdrawn in a series of payments over a period not longer than the IRA owner's single life expectancy (based on the IRA owner's age on his birthday in the year of death and reduced by one each year thereafter).

Note: If you are the IRA owner's spouse, you may be allowed to roll over or transfer the assets of this IRA to your own IRA.

Payment Election

- Total Balance (to close IRA)
- Partial Payment of \$ _____
- Required Minimum Death Distribution (only applicable if subject to the Life Expectancy option)

ACCOUNT NUMBER: _____

CUSTOMER NAME: _____

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. Recurring distributions will be processed from the account with the lowest interest rate at time of distribution)

Funds Disposition:

- Mail to Address of Record
- 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: _____
- Fed Fund Wire - Bank Name: _____
Routing Number: _____ Account Number: _____

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

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: _____

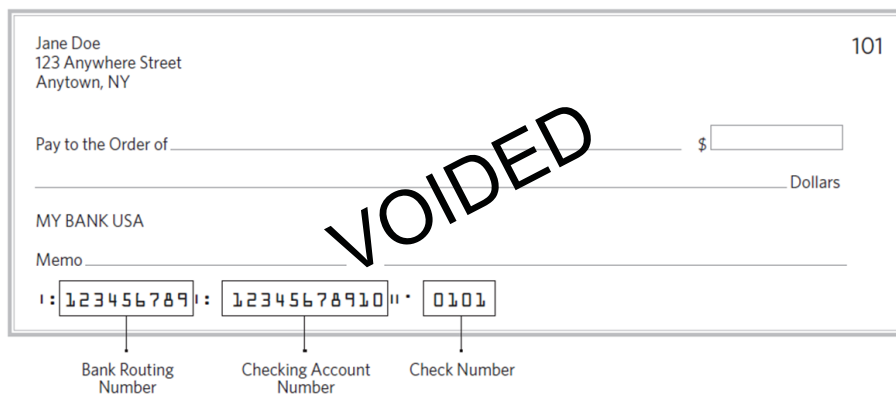
Routing Number: _____ Account Number: _____

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.

Federal Withholding Election 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 \$ _____

ACCOUNT NUMBER: _____

CUSTOMER NAME: _____

State Withholding Election

- Do not withhold State Income Tax from my IRA distribution
- Not applicable to residents of Delaware, District of Columbia, Nebraska, Ohio, Pennsylvania, Rhode Island and Utah
 - Residents of Arkansas, California, Connecticut, Georgia, Iowa, Kansas, Maine, Massachusetts, Michigan, Minnesota, Missouri, North Carolina, Oklahoma, Oregon, and Vermont must fill out their state specific form to opt out
- Withhold my state's prescribed withholding rate (rates may change without prior notice)
- Applicable to residents of Arkansas, California, Connecticut, Georgia, Iowa, Kansas, Maine, Massachusetts, Michigan, Minnesota, Missouri, North Carolina, Oklahoma, Oregon, and Vermont
- Additional withholding above the state prescribed rate \$ _____ or _____ %
- Applicable to residents of Arkansas, California, Connecticut, Georgia, Iowa, Kansas, Maine, Massachusetts, Michigan, Minnesota, Missouri, North Carolina, Oklahoma, Oregon, and Vermont
- Withhold \$ _____ or _____ %
- Applicable to residents of Arizona, Indiana, Maryland, Missouri, Montana, New Jersey, New Mexico, New York, South Carolina, West Virginia, and Wisconsin

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 from the date on this form.

Method of Delivery (ACH and Fed Fund wire are not permitted)

- Deposit to existing Synchrony Bank account number _____
- 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
- Not applicable to residents of Delaware, District of Columbia, Nebraska, Ohio, Pennsylvania, Rhode Island and Utah
 - Residents of Arkansas, California, Connecticut, Georgia, Iowa, Kansas, Maine, Massachusetts, Michigan, Minnesota, Missouri, North Carolina, Oklahoma, Oregon, and Vermont must fill out their state specific form to opt out
- Withhold my state's prescribed withholding rate (rates may change without prior notice)
- Applicable to residents of Arkansas, California, Connecticut, Georgia, Iowa, Kansas, Maine, Massachusetts, Michigan, Minnesota, Missouri, North Carolina, Oklahoma, Oregon, and Vermont
- Additional withholding above the state prescribed rate \$ _____ or _____ %
- Applicable to residents of Arkansas, California, Connecticut, Georgia, Iowa, Kansas, Maine, Massachusetts, Michigan, Minnesota, Missouri, North Carolina, Oklahoma, Oregon, and Vermont
- Withhold \$ _____ or _____ %
- Applicable to residents of Arizona, Indiana, Maryland, Missouri, Montana, New Jersey, New Mexico, New York, South Carolina, West Virginia, and Wisconsin

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

**Withholding Certificate for
Non periodic Payments and
Eligible Rollover Distributions**

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.