



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

Please complete the attached 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 on IRA distributions in accordance with the respective state's rules.

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

State laws are 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 669802
Dallas, TX 75266-0955

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.

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: _____

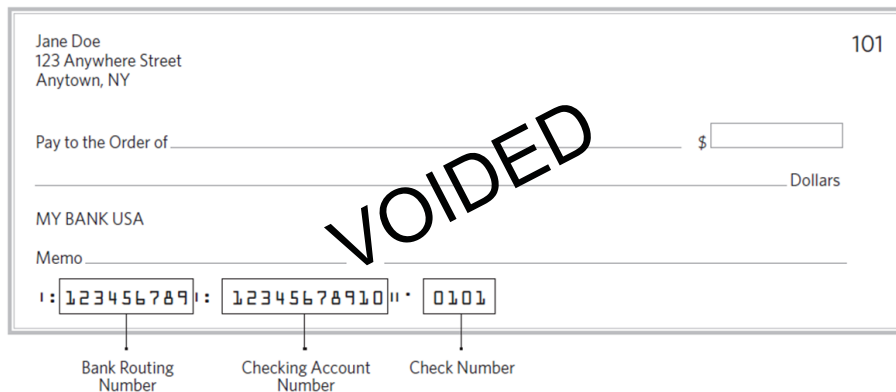
Routing Number: _____ Account Number: _____

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

General Instructions

Purpose of form. Complete this form to have the payer withhold the correct amount of federal income tax from your nonperiodic payment from an individual retirement arrangement (IRA). Don't use Form W-4R for periodic payments (payments made in installments at regular intervals over a period of more than 1 year) from an IRA annuity. Instead, use Form W-4P, *Withholding Certificate for Periodic Pension or Annuity Payments*. For more information on withholding, see Pub. 505, *Tax Withholding and Estimated Tax*.

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 nonperiodic payment) will generally apply to any future payment from the same IRA. Submit a new form if you want to change your election.

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments unless you enter a different rate in the Withholding Election or Change of Election section on this form. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” in the Withholding Election or Change of Election section on this form. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don't give this form 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 2025, your current withholding election (or your default rate) remains in effect unless you submit a new form.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*, and Pub. 519, *U.S. Tax Guide for Aliens*, for more information.

Specific Instructions

For an estate, enter the estate's employer identification number (EIN) in the area reserved for “Social security number.”

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on in the Withholding Election or Change of Election section on this form.

Less withholding (nonperiodic payments only). If permitted,

you may enter a lower rate (including “-0-”) in the Withholding Election or Change of Election section on this form if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 3 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate in the Withholding Election or Change of Election section on this form. (See Example 1 below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate in the Withholding Election or Change of Election section on this form. (See Example 2 below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate in the Withholding Election or Change of Election section on this form.

Examples. Assume the following facts for Examples 1 and 2. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$65,000 without the payment. Step 1: Because your total income without the payment, \$65,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Step 2: Because your

total income with the payment, \$85,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Because these two rates are the same, enter "22" in the Withholding Election or Change of Election section on this form.

Example 2. You expect your total income to be \$61,000 without the payment. Step 1: Because your total income without the payment, \$61,000, is greater than \$26,925 but less than \$63,475, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$81,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. The two rates differ. \$2,475 of the \$20,000 payment is in the lower bracket (\$63,475 less your total income of \$61,000 without the payment), and \$17,525 is in the higher bracket (\$20,000 less the \$2,475 that is in the lower bracket). Multiply \$2,475 by 12% to get \$297. Multiply \$17,525 by 22% to get \$3,856. The sum of these two amounts is \$4,153. This is the estimated tax on your payment. This amount corresponds to 21% of the \$20,000 payment (\$4,153 divided by \$20,000). Enter "21" in the Withholding Election or Change of Election section on this form.

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 nonperiodic payment(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form

W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments). 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). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories 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 nontax 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.

2025 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See pages 2 and 3 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
15,000	10%	30,000	10%	22,500	10%
26,925	12%	53,850	12%	39,500	12%
63,475	22%	126,950	22%	87,350	22%
118,350	24%	236,700	24%	125,850	24%
212,300	32%	424,600	32%	219,800	32%
265,525	35%	531,050	35%	273,000	35%
641,350*	37%	781,600	37%	648,850	37%

*If married filing separately, use \$390,800 instead for this 37% rate.