IRA REQUEST FOR DISTRIBUTION - ROTH

Go to ally.com to get the appropriate form for Invest IRAs.

Return this form with any attached documentation using one of these methods:

Online
Log in at ally.com and select Email, or log in on our mobile app and select ☑. Attach the form to your message.

Mail
Ally Bank Retirement Services
P.O. Box 13625
Philadelphia, PA 19101-9811

Fax
Subject Line: Retirement Services
Fax Number: 866-699-2969

Expedited Delivery
Ally Bank Retirement Services
1100 Virginia Drive, Suite 150
Fort Washington, PA 19034-3276

000004-04-19

IRA Plan Owner

Complete this section with the current IRA plan owner's information. If you're a beneficiary taking a death distribution, use the deceased owner's information.

FIRST NAME	M.I.	LAST NAME / SUFFIX	SSN / TAX ID NUMBER
Michael	A	Bishop	371-42-0786

RESIDENTIAL STREET ADDRESS (NO PO BOX, BUS., OR MAIL DROP)	DATE OF BIRTH	DATE OF DEATH (IF APPLICABLE)
3512 Sandhurst Dr.	8-30-39	7-15-22

CITY	STATE	ZIP CODE	PERSONAL PHONE	WORK PHONE
Lansing	MI	48911	517	N/A

ALLY BANK ACCOUNT NUMBER(S)
IRA CD - ROTH/1307706 IRA#6551
Note: Only use account numbers from the same plan.

Beneficiary (or Surviving Spouse)

Complete this section if you're a beneficiary taking a death distribution or a surviving spouse taking a distribution as a result of a property settlement. Don't use this section to name or change your beneficiary.

FIRST NAME	M.I.	LAST NAME / SUFFIX	SSN / TAX ID NUMBER	DATE OF BIRTH
Michael	A	Bishop (Jr.)	376-88-8095	1-25-65

RESIDENTIAL STREET ADDRESS (NO PO BOX, BUS., OR MAIL DROP)	PERSONAL PHONE	WORK PHONE
8607 Carlsbad Ln.	517-775-4916	517-321-4144

CITY	STATE	ZIP
Lansing	MI	48917

Distribution Type

Has the 5-year holding period been met? ○ Yes ○ No ● I don't know

(SELECT ONLY ONE)

- ○ Normal (age 59½ and older)
- ○ Early (under age 59½)
  Does an exception apply? ○ Yes ○ No
- ○ Internal Transfer to identical IRA
- ○ Divorced - Transfer to IRA of spouse or former spouse, under a decree of divorce or legal separation (not reportable)
- ○ Revocation - Taken within 7 days from the date the account was opened
- ● Death - Distribution by beneficiary
- ○ Prohibited Transaction

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ally IRA REQUEST FOR DISTRIBUTION - ROTH

Payment Election & Method

ACCOUNT NUMBER(S)

IRA CD - ROTH/1307706

AMOUNT (SELECT ONLY ONE)

- (●) Total Balance (to close IRA)
- ( ) Partial Payment - amount $ [ ]
- ( ) Return of Contribution - amount $ [ ] plus net income attributable (if applicable)
- ( ) Monthly Interest Check - CDs only (age 59½ and older)
- ( ) Required Minimum Death Distribution (RMDD)

Further Instructions: [ ]

FREQUENCY (SELECT ONLY ONE)

For non-beneficiaries taking a distribution from a CD not in grace, the Ally Bank early withdrawal penalty may apply.

(●) Immediate ( ) Monthly ( ) Quarterly ( ) Semi-Annually ( ) Annually ( ) At Maturity Date of: [ ]

DATE OF FIRST PAYMENT

( ) Other: [ ] [ ]

FUNDS DISPOSITION (SELECT ONLY ONE)

(●) Mail Check - send to this address (SELECT ONLY ONE) ( ) on record (●) of beneficiary

- ☐ Overnight delivery to selected address
  - fees apply
  - PO Box not acceptable

( ) Transfer to spouse's IRA

( ) Wire money - **must** have Ally Bank account and complete attached wire transfer form

( ) Deposit to my existing Ally Bank account number: [ ]

All periodic distributions will continue until Ally Bank is notified otherwise in writing.

Signatures

By signing below, I certify that the information provided on this form is true and correct and may be relied on by Ally Bank as the Custodian. If needed, I'll seek the advice of a legal or tax professional regarding this transaction, which may be subject to fees, taxes, or penalties. I won't hold Ally Bank liable for any adverse consequences that may result from this transaction. I assume full responsibility for this transaction and agree that I haven't received any legal or tax advice from Ally Bank.

SIGNATURE OF IRA PLAN OWNER	DATE	SIGNATURE OF CUSTODIAN	DATE

SIGNATURE OF BENEFICIARY	DATE
Michael Bailey	2/27/25

NOTE: A beneficiary only needs to sign if a beneficiary is making the distribution request.

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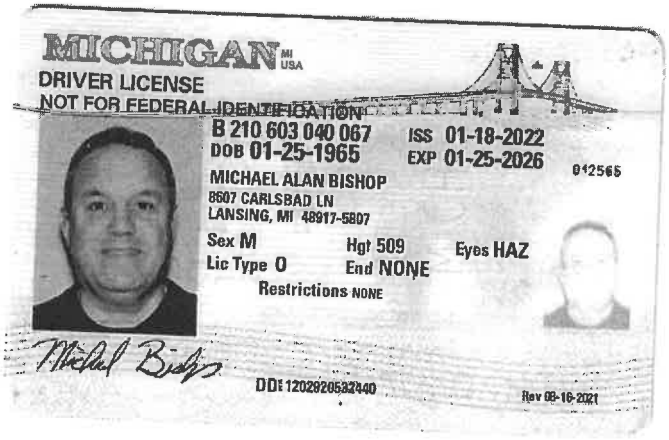

MICHIGAN MI USA

DRIVER LICENSE

NOT FOR FEDERAL IDENTIFICATION

B 210 603 040 067 ISS 01-18-2022

DOB 01-25-1965 EXP 01-25-2026 042565

MICHAEL ALAN BISHOP

8607 CARLSBAD LN

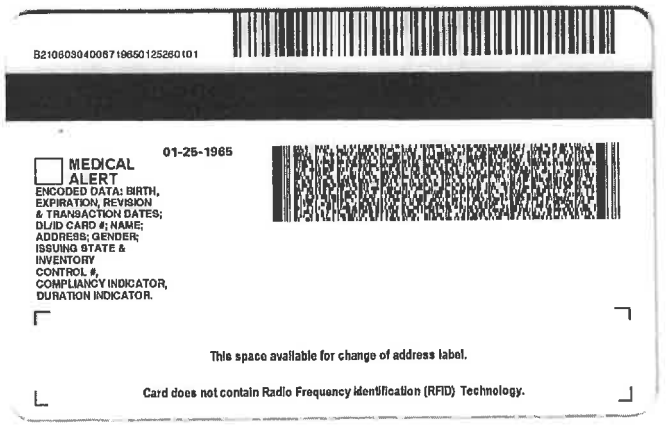
LANSING, MI 48917-5807

Sex M Hgt 509 Eyes HAZ

Lic Type O End NONE

Restrictions NONE

DD: 1202920532440 Rev 08-16-2021


B210603040067196501252601O1

01-25-1965

MEDICAL ALERT

ENCODED DATA: BIRTH, EXPIRATION, REVISION & TRANSACTION DATES; DL/ID CARD #; NAME; ADDRESS; GENDER; ISSUING STATE & INVENTORY CONTROL #, COMPLIANCY INDICATOR, DURATION INDICATOR.

This space available for change of address label.

Card does not contain Radio Frequency Identification (RFID) Technology.

LF

CF D2022-1984

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CERTIFICATE OF DEATH

STATE FILE NUMBER 060659

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Michael Alfred Bishop
2. DATE OF BIRTH: August 30, 1939
3. SEX: Male
4. DATE OF DEATH: July 15, 2022
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS:
6a. AGE- Last Birthday (Years): 82
6b. UNDER 1 YEAR: MONTHS / DAYS
6c. UNDER 1 DAY: HOURS / MINUTES
7a. LOCATION OF DEATH: 3512 Sandhurst Drive 48911
7b. CITY, VILLAGE OR TOWNSHIP OF DEATH: Lansing
7c. COUNTY OF DEATH: Ingham
8a. CURRENT RESIDENCE - STATE: Michigan
8b. COUNTY: Ingham
8c. LOCALITY: Lansing
8d. STREET AND NUMBER: 3512 Sandhurst Drive
8e. ZIP CODE: 48911
9. BIRTH PLACE: Flint, Michigan
10. SOCIAL SECURITY NUMBER: 371-42-0786
11. DECEDENT'S EDUCATION: Bachelor's degree
12. RACE: White
13a. ANCESTRY: German
13b. HISPANIC ORIGIN: No
14. EVER IN THE U.S. ARMED FORCES?: Yes
15. USUAL OCCUPATION: Health Department
16. KIND OF BUSINESS OR INDUSTRY: State of Michigan
17. MARITAL STATUS: Married
18. NAME OF SURVIVING SPOUSE (If wife, give name before first married): Margaret R. Silva

INFORMANT

19. FATHER'S NAME (First, Middle, Last): Arthur Bishop
20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last): Marianne Fedewa
21a. INFORMANT'S NAME: Michael A. Bishop
21b. RELATIONSHIP TO DECEDENT: Son
21c. MAILING ADDRESS: 8607 Carlsbad Lane, Lansing, Michigan 48917

PARENTS

DISPOSITION

22. METHOD OF DISPOSITION: Burial
23a. PLACE OF DISPOSITION: Deepdale Memorial Gardens
23b. LOCATION - City or Village, State: Lansing, Michigan
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE: Angela S. Van Core
25. LICENSE NUMBER: 4501006884
26. NAME AND ADDRESS OF FUNERAL FACILITY: Tiffany Funeral Home, 3232 West Saginaw, Lansing, Michigan 48917

CERTIFICATION

27a. CERTIFIER
- [X] Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
- [ ] Medical Examiner - On the basis of examination, and or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

Signature and Title: Richard Allen, DO

28a. ACTUAL OR PRESUMED TIME OF DEATH: Unknown
28b. PRONOUNCED DEAD ON: July 15, 2022
28c. TIME PRONOUNCED DEAD: 21:22 Military Time
29. MEDICAL EXAMINER CONTACTED: Yes
30. PLACE OF DEATH: Decedent Residence
31. IF HOSPITAL:
27b. DATE SIGNED: July 22, 2022
27c. LICENSE NUMBER: 5101016152
32. MEDICAL EXAMINER'S CASE NUMBER: 071522BV5541C
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER:
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN: Richard Allen, DO, 7335 Westshire Drive, Suite 100, Lansing, Michigan 48917
35a. REGISTRAR'S SIGNATURE:
35b. DATE FILED: July 27, 2022

36. PART I. ENTER the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. Enter only one cause on line.

If diabetes was an underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section, as

IMMEDIATE CAUSE (Final disease or condition resulting in death)

Sequentially list IF ANY, leading to the listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting LAST

		Approximate Interval Between Onset and Death
a.	CAD	10+ years
b.	HTN	10+ years
c.		
d.		

PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I

37. DID TOBACCO USE CONTRIBUTE TO DEATH?: [ ] Yes [ ] Probably [ ] No [X] Unknown
38. IF FEMALE: [ ] Not pregnant within past year [ ] Pregnant at time of death [ ] Not pregnant, but pregnant within 42 days of death [ ] Unknown if pregnant within the past year [ ] Not pregnant, but pregnant 43 days to 1 year before death
39. MANNER OF DEATH: Natural
40a. WAS AN AUTOPSY PERFORMED?: No
40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?: Not Applicable
41a. DATE OF INJURY:
41b. TIME OF INJURY:
41c. DESCRIBE HOW INJURY OCCURRED:
41d. INJURY AT WORK:
41e. PLACE OF INJURY:
41f. IF TRANSPORTATION INJURY:
41g. LOCATION:

SP04993239

VRHDSS11 (12/12) Authority: MCL 333.2882

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED.

D2022-1984
7/27/22 8:15 PM Page 1 of 1
DEATH $0.00
Barb Byrum, Ingham County Clerk

THIS CERTIFICATE OF VITAL RECORD CONTAINS THE FOLLOWING SECURITY FEATURES. THESE SECURITY FEATURES MUST BE PRESENT FOR THIS TO BE A VALID, ACCEPTABLE DOCUMENT:

- Watermark Chainlink design
- Fluorescent security fibers
- Full chemical sensitization

IMPORTANT INFORMATION:

This certificate is a valuable and legal document. Please keep in a safe place.

WARNING:

Obtaining and/or using this document and/or personal identifying information contained on this document with the intent to defraud or commit another unlawful act is prohibited. (MCL 445.65)

A person shall not willfully and knowingly obtain, possess, use, sell, furnish, or attempt to obtain, possess, use, sell, or furnish to another person, for any purpose of deception, a counterfeited, altered, amended, or mutilated vital record or certified copy thereof. (MCL 333.2894 (1)(d))

A person shall not make, counterfeit, alter, amend, or mutilate a vital record or report required to be filed under this part with the intent to deceive. (MCL 333.2894 (2))

STATE OF MICHIGAN
COUNTY OF INGHAM

I, Barb Byrum, Clerk of the County of Ingham, do hereby certify that the foregoing is a true and correct copy of the original thereof on file in said County.

Signed and sealed in Ingham County, Michigan this 27 **day of** July **,** 2022.

Barb Byrum, Ingham County Clerk

by Barbara L Frazer **, Deputy Clerk**