ROTH IRA DIRECT ROLLOVER CONVERSION REQUEST

Please review all information below and complete the fields below, as applicable. If you have any questions regarding the information on this form, please contact one of our Customer Care Associates at 877-247-ALLY (2559).

Use this form if you are either having funds directly sent to Ally Bank or have a check from the previous Trustee/Custodian made out to Ally Bank.

Roth IRA Owner Information

Name _____ Social Security Number _____ Date of Birth _____

Address _____ Home Phone Number _____

City/State/Zip _____ Daytime Phone Number _____ **ext** _____

Distributing Workplace Retirement Plan (WRP) (Non-IRA) Information

Name of Plan _____ Name of Participant _____

Address of Plan Administrator _____ Phone Number of Plan Administrator _____

City, State, Zip _____ Contact Person (if applicable) _____

☐ Rollover from a Designated Roth Account [A Roth 401(k) or Roth 403(b)] in a WRP.
☐ Conversion from a WRP other than a Designated Roth Account.
Return a copy of this form with your check. Do not remit (convert) the required minimum distribution amount, if applicable.

Direct Rollover or Conversion Instructions

Please send the following: **(Cash Proceeds only)**

☐ The entire balance of Account # _____

☐ Only the balance in these account(s): #_____, #_____, #_____

☐ Other (specify): _____

Please send the assets: ☐ Immediately ☐ On (Specify date): _____

Make Check Payable To: **Ally Bank** ,Custodian
Name of Receiving IRA Custodian

For the IRA of: _____
Name of IRA Owner

Transfer Method:
☐ Mail check to: **Ally Bank – Retirement Services**
Name of Receiving IRA Custodian
PO Box 13625
Address
Philadelphia, PA 19101-9811
City/State/Zip

☐ Wire funds to: **124003116**

Routing Number of Receiving IRA Custodian

Roth Account Number: _____

Please include this account number with remittance.

ACCEPTANCE: By the authorized signature below, the Roth IRA Custodian agrees to accept the direct rollover conversion assets and to deposit them into an IRS-approved Roth IRA.

Signatures

I authorize the plan administrator to send my eligible rollover distribution to the Roth IRA Custodian listed above, for credit to my IRA. I irrevocably designate the deposit as a rollover contribution. I understand that the Roth IRA Custodian is not responsible for determining what part, if any, of this distribution is eligible for rollover or conversion. 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 Roth IRA Custodian. Due to the important tax consequences of this transaction, I agree to seek the advice of a legal or tax professional, as needed. The Roth IRA Custodian has not provided me with any legal or tax advice, and I assume full responsibility for this transaction. I will not hold the Roth IRA Custodian liable for any adverse consequences that may result from this transaction.

Signature of IRA Plan Owner	Date	Authorized Signature of Custodian	Date