TRADITIONAL/SEP IRA ROLLOVER ELECTION

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 writing a check to Ally Bank. Remember, you have 60 days to transfer funds released to you before tax consequences apply.

IRA Owner Information

Name | Social Security Number | Date of Birth

Address | Home Phone Number | Daytime Phone Number

City/State/Zip | Account Number

Source of Rollover Deposit

☐ ROLLOVER FROM AN IRA — This deposit is a rollover of assets I received from an IRA consisting of:

- ☐ Regular IRA assets.
- ☐ Rollover IRA assets originally distributed from a Qualified Retirement Plan (QRP), such as a pension, profit-sharing, stock bonus, 401(k), 403(b), or federal thrift savings plan, or from another eligible retirement plan (non-IRA).
- ☐ SEP-IRA assets.
- ☐ SIMPLE IRA assets.

☐ ROLLOVER FROM A Qualified Retirement Plan (QRP) OR ANOTHER ELIGIBLE RETIREMENT PLAN (NON-IRA) — This deposit is a rollover of assets I received from a QRP, such as a pension, profit-sharing, stock bonus, 401(k), 403(b), or federal thrift savings plan, or from another eligible retirement plan (non-IRA).

Required Minimum Distributions

NOTE: Required minimum distributions may not be rolled over. If the amount being rolled over was distributed from the distributing plan in the previous year (outstanding rollover), the amount must be treated as if it were received in the year distributed and included in the receiving plan's previous December 31 balance for the purpose of calculating this year's required minimum distribution amount.

To help identify an outstanding rollover, please check the appropriate box:

The assets being rolled over were distributed ☐ this year ☐ last year.

Irrevocable Election

I acknowledge that I am making an irrevocable election to treat this deposit as a rollover contribution.

Signatures

I understand that the rollover contribution must occur within 60 days (unless an exception applies) after receipt of the distribution, and that I have the responsibility to determine what part, if any, of my distribution is eligible for rollover. I certify that, to the best of my knowledge, the information provided on this form is true and correct and may be relied upon by the 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 Custodian has not provided me with any legal or tax advice, and I assume full responsibility for this transaction. I will not hold the Custodian liable for any adverse consequences that may result from this transaction.

X

Signature of IRA Plan Owner | Date | Signature of Custodian