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Ally Bank
PO Box 13625
Philadelphia, PA 19101-9946

Fax

Subject Line: Operations
Fax Number: 866-699-2969

IRA CHANGE OF BENEFICIARY

PLAN NUMBER



TRADITIONAL

SEP

ROTH

Print your responses in the fields below, including the Spousal Consent section (if applicable).

If you have any questions regarding this form, contact a Customer Care Associate at 877-247-ALLY (2559).

IRA Owner Information

Married (including legally separated)

Unmarried (single, divorced, widowed)

NAME	SSN / TAX ID NUMBER	DATE OF BIRTH
<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS	PERSONAL PHONE	WORK PHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficiary Designation

All Primary and/or Contingent beneficiary allocations must equal 100% for each beneficiary type.

Primary Beneficiary

NAME	ADDRESS	CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PERCENTAGE (%)	DATE OF BIRTH	SSN / TAX ID NUMBER	RELATIONSHIP	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Primary Beneficiary **Contingent Beneficiary**

NAME	ADDRESS	CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PERCENTAGE (%)	DATE OF BIRTH	SSN / TAX ID NUMBER	RELATIONSHIP	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Primary Beneficiary **Contingent Beneficiary**

NAME	ADDRESS	CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PERCENTAGE (%)	DATE OF BIRTH	SSN / TAX ID NUMBER	RELATIONSHIP	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Primary Beneficiary **Contingent Beneficiary**

NAME	ADDRESS	CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PERCENTAGE (%)	DATE OF BIRTH	SSN / TAX ID NUMBER	RELATIONSHIP	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

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QUESTIONS? CALL 1-877-247-2559 OR VISIT ALLY.COM

UPDATED 01/2018

IRA CHANGE OF BENEFICIARY



Beneficiary Designation (continued)

Primary Beneficiary Contingent Beneficiary

NAME	ADDRESS	CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PERCENTAGE (%)	DATE OF BIRTH	SSN / TAX ID NUMBER	RELATIONSHIP	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Primary Beneficiary Contingent Beneficiary

NAME	ADDRESS	CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PERCENTAGE (%)	DATE OF BIRTH	SSN / TAX ID NUMBER	RELATIONSHIP	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Signatures

I, the undersigned IRA Owner, hereby designate the above persons/entities as my primary and contingent beneficiary(ies) for this IRA Plan noted above, payable by reason of my death. (If a trust is a named beneficiary, a copy of the trust document must be provided.) If primary or contingent is not indicated, each beneficiary will be designated a primary. Unless otherwise requested herein, each payment made pursuant to this designation: (a) shall be paid to the primary beneficiary(ies) who are living at the time of my death; or (b) if no primary beneficiary(ies) shall be living at the time of my death, such payment shall be made to the contingent beneficiary(ies) who are then living. I have the right to change this beneficiary designation at any time. If a beneficiary is not properly designated or if no primary or contingent beneficiary survives the IRA owner, payments shall be made to my surviving spouse or, if I do not have a surviving spouse, to my estate.

I authorize Ally Bank ("Custodian") to make the changes as indicated above. This beneficiary designation supersedes and replaces any and all prior beneficiary designations by me. 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 Custodian. 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 the beneficiary designations. I will not, nor will my spouse, heirs, beneficiaries, or any other party, hold the Custodian liable for any adverse consequences that may result from my designations.

SIGNATURE OF IRA OWNER	DATE
<input type="text"/>	<input type="text"/>

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IRA CHANGE OF BENEFICIARY



Spousal Consent

For use in community/marital property states AZ, CA, ID, LA, NV, NM, TX, WA, WI (marital property state) and AK (a married couple can make a community property election)

IRA OWNER

- I am married. I understand that if I want to name a primary beneficiary other than my spouse, my spouse's notarized signature appears below.
- I am not married. I understand that if I become married in the future, I must complete an IRA Change of Beneficiary form which includes spousal consent documentation.

IRA OWNER SPOUSE (IF APPLICABLE)

I acknowledge and agree that my spouse, the IRA Owner, has and will name a primary beneficiary or a percentage of less than 100% to someone other than me for the IRA Plan noted above. By signing below, I transfer any and all interest I may have in this IRA Plan to my spouse, the IRA owner. I agree to seek the advice of a legal or tax professional, as needed.

SIGNATURE OF SPOUSE

DATE

State of _____

County of _____

The foregoing Spousal Consent was signed and acknowledged before me this _____ day of _____, 20 _____

by _____

Sworn to and subscribed before me this _____ day of _____, _____

Notary Public: _____

My commission expires: _____

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