

# RETURN INSTRUCTIONS

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

**Upload/Secure Message**

Log in at [ally.com](https://ally.com), choose Email / Bank Accounts / Send a New Secure Message.

**Mail**

Ally Bank  
PO Box 951  
Horsham, PA 19044

**Fax**

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

# BENEFICIARY ELECTION FORM



Use this form to:

Add a beneficiary to or remove a beneficiary from a non-IRA account.

## Account Owner Information

FIRST NAME

M.I.

LAST NAME / SUFFIX (JR., SR., III, ETC)

## Beneficiary Information

You can choose up to 10 beneficiaries for each of your non-IRA accounts. If you have more than one beneficiary, each will receive an equal amount of funds from your account unless you adjust your allocations. Unequal allocations can be entered on the Beneficiaries page on [www.ally.com](http://www.ally.com) or by calling us. For additional beneficiary changes, complete an additional Beneficiary Election Form.

When you add a beneficiary you must choose a beneficiary classification of individual, non-profit or charity, or other. Expanded FDIC coverage may apply to individuals, non-profits and charities. Upon your death, Ally Bank pays your named beneficiaries based on your account ownership; however, you should know that "other" beneficiaries may have limited or no FDIC Insurance coverage. Consult [www.fdic.gov](http://www.fdic.gov) for more information on FDIC coverage.

The FDIC has made updates to its regulatory requirements for record-keeping, requiring us to maintain complete and accurate beneficiary information. To meet requirements, we need your help to provide us with a valid government-issued ID number for each of your beneficiaries.

**Choose the following:**      Add POD (Payable on death) Beneficiary      Add ITF (In trust for) Beneficiary      Remove Beneficiary

**Choose a beneficiary classification:**      Individual      Non-profit or charity      Other

ACCOUNT NUMBER(S)

FIRST NAME

M.I.

LAST NAME / SUFFIX (JR., SR., III, ETC)

SOCIAL SECURITY / TAX ID NUMBER

IDENTIFICATION NUMBER (Choose one)     Alien ID card     Driver's License     Passport     Military ID

OR

ISSUER

ISSUE DATE

EXPIRATION DATE

RESIDENTIAL STREET ADDRESS (NO P.O. BOXES)

DATE OF BIRTH

RESIDENTIAL CITY, STATE AND ZIP

COUNTRY

**Ally Bank, Member FDIC**

QUESTIONS? CALL 1-877-247-2559 OR VISIT [WWW.ALLY.COM](http://WWW.ALLY.COM)

UPDATED 02/2020

# BENEFICIARY ELECTION FORM



## Beneficiary Information (continued)

**Choose the following:**      Add POD (Payable on death) Beneficiary      Add ITF (In trust for) Beneficiary      Remove Beneficiary

**Choose a beneficiary classification:**      Individual      Non-profit or charity      Other

ACCOUNT NUMBER(S)

FIRST NAME

M.I

LAST NAME / SUFFIX (JR., SR., III, ETC)

SOCIAL SECURITY / TAX ID NUMBER

IDENTIFICATION NUMBER (Choose one)     Alien ID card     Driver's License     Passport     Military ID

OR

ISSUER

ISSUE DATE

EXPIRATION DATE

RESIDENTIAL STREET ADDRESS (NO P.O. BOXES)

DATE OF BIRTH

RESIDENTIAL CITY, STATE AND ZIP

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RESIDENTIAL STREET ADDRESS (NO P.O. BOXES)

DATE OF BIRTH

RESIDENTIAL CITY, STATE AND ZIP

COUNTRY

## Signature Verification and Agreement

By signing below you are giving Ally Bank permission to make the necessary modifications to the account(s) listed above.

ACCOUNT OWNER'S SIGNATURE

DATE

**Ally Bank, Member FDIC**

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UPDATED 02/2020