



TRADITIONAL IRA TRANSFER REQUEST

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

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

Online

Log in at ally.com and select Email, or log in on the Ally 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

Keep in mind, we'll need to contact you for the original form, if your present IRA Trustee/Custodian requires it.

Print your responses in the applicable fields.

Present IRA Trustee/Custodian

Another Financial Institution

NAME OF FINANCIAL INSTITUTION

CONTACT NAME AT FINANCIAL INSTITUTION (OPTIONAL)

ADDRESS

CONTACT PHONE

CITY

STATE

ZIP CODE

FINANCIAL INSTITUTION PHONE

FAX NUMBER

Needed only if Present IRA Trustee/
Custodian will accept the request by fax

Ally Bank

IRA Owner

FIRST NAME

M.I.

LAST NAME / SUFFIX

SOCIAL SECURITY

DATE OF BIRTH

ADDRESS

PERSONAL PHONE

WORK PHONE

CITY

STATE

ZIP CODE

ALLY BANK ACCOUNT NUMBER

If inherited Traditional IRA funds or if funds are coming from a decedent's Traditional/SEP IRA:

NAME OF ORIGINAL OWNER

DATE OF BIRTH

DATE OF DEATH

RELATIONSHIP

Transfer Authorization to Present IRA Trustee/Custodian

Type of Transfer (SELECT ONLY ONE):

Traditional IRA to Traditional IRA

SEP IRA to Traditional IRA

Decedent Traditional IRA to Inherited Traditional IRA

Decedent SEP IRA to Inherited Traditional IRA

Inherited Traditional IRA to Inherited Traditional IRA

Transfer Authorization to Present IRA Trustee/Custodian (continued)

Transfer the IRA asset (cash proceeds only / SELECT ONLY ONE):

PLAN NUMBER

The entire balance of this plan:

ACCOUNT NUMBER

ACCOUNT NUMBER

ACCOUNT NUMBER

Only the balance in these accounts:

TRANSFER AMOUNT

ACCOUNT NUMBER

Only the specific dollar amount: \$

from account:

Other (specify):

Send the IRA asset (SELECT ONLY ONE):

DATE

At maturity date of:

Immediately - I understand that Certificate of Deposit (CD) early withdrawal penalties may apply.

DATE

On (specify date):

NAME OF IRA OWNER

Send wire or make check payable to Ally Bank, Custodian for the IRA of:

ACCOUNT NUMBER

Receiving Ally Bank account number:

Include with Remittance

Customer's Preferred Funds Delivery Method (SELECT ONLY ONE):

Wire funds to Routing/ABA Number 124003116 (Ally Bank as Receiving IRA Custodian)

Mailing address may also be used for wire transfer documentation.

Mail check to Ally Bank Retirement Services, PO Box 13625, Philadelphia, PA 19101-9811

Send check expedited delivery to Ally Bank Retirement Services, 1100 Virginia Drive, Suite 150, Fort Washington, PA 19034-3276

RECEIVING PLAN NUMBER

Move funds between IRA plans within Ally Bank:

Signatures

Customer Signature

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 IRA Custodian.

I understand that this transaction may be subject to fees, taxes, and/ or penalties. Due to the important tax consequences of this transaction, I agree to seek the advice of a legal or tax professional, as needed. The 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 IRA Custodian liable for any adverse consequences that may result from this transaction.

IRA OWNER SIGNATURE

DATE

Acceptance

Ally Bank as successor IRA Custodian agrees to accept the transferred assets and to deposit them into a Traditional IRA that meets the IRS requirements.

AUTHORIZED SIGNATURE OF ALLY BANK AS SUCCESSOR CUSTODIAN

DATE

Transfers may require a Signature Guarantee. Contact the present IRA Trustee/Custodian to see if one is needed.