

## TRADITIONAL/SEP IRA TRANSFER 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).

Present IRA Custodiai	n	Accepta	ance	
Name		success	By the authorized signature below, the successor (receiving) IRA Trustee/ Custodian agrees to accept the	
Address		transferr	ed assets and to deposit them RS approved IRA.	
City/State/Zip				
IRA Owner Information	n			
Name		Social Security Num		
Address		Home Phone Number		
City/State/Zip			ount Number	
Transfer Authorizatior	n to Present IRA Custodia	n		
	wing 🗌 Traditional 🗌 SEP 🛭	☐ Simple IRA assets:	(Cash Proceeds Only)	
The entire balance				
	in these account(s): #	#	#	
Only this specific dollar amount: \$From Account #:				
Other (specify)	ets immediately at matu	urity date of	other:	
	ties for early withdrawal may app			
Make Check Payable To			,Custodian	
	Name of Receiving IRA Custoo	lian		
For the IRA of:				
	Name of IRA Owner			
Transfer Method:				
☐ Mail check to:	Ally Bank - Retirement Serv			
	Name of Receiving IRA Custo	dian		
	PO Box 13625			
	Address			
	Philadelphia, PA 19101-9811			
	City/State/Zip			
□ \Mire funde to:	124002446			
☐ Wire funds to:	124003116 Routing Number of Receiving I	RA Custodian		
Transferee Account Nun	5	IVA Gustoulari		
Transieree Account Num		unt number with remittance.		
NOTE: Please return one cop	y of this form to the receiving IRA Custodi			
Signatures	<u>, , , , , , , , , , , , , , , , , , , </u>	-		
	of my knowledge, the information	n provided on this form is	strue and correct and may be	
relied upon by the Custo	odian. The Custodian has not pronsaction. I will not hold the Custod	ovided me with any legal or	r tax advice, and I assume full	
X Signature of IRA Plan C	Owner Date	Signature of Custodian	Date	
Transfore may require a	Signature Guarantee – Please cont	act the current Custodian to	s sao if ano is needed	