

RETURN INSTRUCTIONS



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

Upload/Secure Message

Log in at 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 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 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

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

COUNTRY

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

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ISSUE DATE

EXPIRATION DATE

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