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**RETURN TO:**

Return this form with any attached documents to us in your Secure Messages.  
Once you log in, choose Email to send us a Secure Message.

You can also mail or fax it.

**Mail**

Ally Bank  
PO Box 13625  
Philadelphia, PA 19101-9946

**Fax**

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



# IRA Contribution Form

- TRADITIONAL**                       **SEP**                                       **ROTH**

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)

## IRA Plan Owner Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Birth (Month/Year)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Daytime Phone Number

## Contribution Information

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Contribution Amount

Reportable - Current Tax Year

Reportable - Prior Tax Year

### Contribution Options for Ally Traditional and Roth IRAs:

- My Contribution, Check # \_\_\_\_\_ is included with this form.
- Transfer funds from my existing Ally Bank Account # \_\_\_\_\_
- These funds will be wired from the following financial institution: \_\_\_\_\_

### Contribution Options for Ally SEP IRAs:

- These are not my personal funds but are funds provided by my employer as a SEP contribution.  
(If this is an initial contribution, please include a copy of the 5305-SEP provided by your employer).

## Signatures

I certify that, to the best of my knowledge, the information provided on this form is true and correct and may be relied upon by Ally Bank, 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 this transaction. I will not hold the Custodian liable for any adverse consequences that may result from this transaction.

Please Note: This form must be signed before any distributions can occur in the future from this IRA Plan.

\_\_\_\_\_  
Signature of IRA Plan Owner                      Date

If your contribution is by check, please be sure your check is made payable to : Ally Bank FBO [Your name as it appears on the IRA plan] and be sure to include your account number in the memo field on your check.

Mail your signed form and check, if applicable, to: **Ally Bank**  
**PO Box 13625**  
**Philadelphia, PA 19101**