


BENEFICIARY ELECTION FORM



Return this form 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
PO Box 951
Horsham, PA 19044

 **Fax**

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

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

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 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.

Beneficiary Information

Beneficiary 1

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 TRUST OTHER

If TRUST, are the grantors of the formal trust exactly the same as the owners on the Ally account? YES NO

ACCOUNT NUMBER(S)

FIRST NAME

M.I.

LAST NAME/SUFFIX

SOCIAL SECURITY/OR ITIN

IDENTIFICATION NUMBER (CHOOSE ONE)

ALIEN ID CARD

DRIVER'S LICENSE

PASSPORT

MILITARY ID

OR

ISSUER

ISSUE DATE

EXPIRATION DATE

Beneficiary Information

Beneficiary 1 (continued)

RESIDENTIAL STREET ADDRESS (NO P.O. BOXES, BUS., OR MAIL DROP)

DATE OF BIRTH

RESIDENTIAL CITY, STATE, AND ZIP

COUNTRY

Beneficiary 2

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 TRUST OTHER

If TRUST, are the grantors of the formal trust exactly the same as the owners on the Ally account? YES NO

ACCOUNT NUMBER(S)

FIRST NAME

M.I.

LAST NAME/SUFFIX

SOCIAL SECURITY/OR ITIN

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, BUS., OR MAIL DROP)

DATE OF BIRTH

RESIDENTIAL CITY, STATE, AND ZIP

COUNTRY

Beneficiary 3

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 TRUST OTHER

If TRUST, are the grantors of the formal trust exactly the same as the owners on the Ally account? YES NO

ACCOUNT NUMBER(S)

FIRST NAME

M.I.

LAST NAME/SUFFIX

SOCIAL SECURITY/OR ITIN

IDENTIFICATION NUMBER (CHOOSE ONE)

ALIEN ID CARD

DRIVER'S LICENSE

PASSPORT

MILITARY ID

OR

ISSUER

ISSUE DATE

EXPIRATION DATE



Beneficiary Information

Beneficiary 3 (continued)

RESIDENTIAL STREET ADDRESS (NO P.O. BOXES, BUS., OR MAIL DROP)

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