

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

ROTH IRA ROLLOVER ELECTION



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).

Use this form if you received proceeds of a distribution and are writing a check to Ally Bank. Remember, you have 60 days to transfer funds released to you before tax consequences apply.

Roth IRA Owner Information

Name	Social Security Number	Date of Birth
Address	Home Phone Number	Daytime Phone Number
City/State/Zip	Account Number	

Source of Rollover Deposit

- ☐ Rollover from a Roth IRA – This deposit is a rollover of assets I received from a Roth IRA.
- ☐ Rollover (conversion) from a Traditional, SEP, or SIMPLE IRA – This deposit is a CONVERSION of assets I received from a Traditional, SEP, or SIMPLE IRA.
- ☐ Rollover from a Designated Roth Account – This deposit is a rollover of assets I received from a Roth Workplace Retirement Plan (WRP), such as a Roth 401(k) or a Roth 403(b)
- ☐ Rollover (conversion) from a Workplace Retirement Plan (WRP)– This deposit is a CONVERSION of assets I received from a WRP other than a Designated Roth Account.

NOTE: IRS regulations do not permit you to roll over or convert your required minimum distribution amount.

Rollover Election

I acknowledge that I am making an irrevocable election to treat this deposit as a rollover contribution.

Signatures

I understand that the rollover contribution must occur within 60 days (unless an exception applies) after receipt of the distribution, and that I have the responsibility to determine what part, if any, of my distribution is eligible for rollover. 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 Custodian. Due to the potential tax consequences of this transaction, 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.

Signature of IRA Plan Owner	Date	Signature of Custodian	Date
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