

MAIL



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Mail

Ally Bank
PO Box 13625
Philadelphia, PA 19101-9946

ROTH 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 Custodian

Acceptance

By the authorized signature below, the successor (receiving) IRA Trustee/ Custodian agrees to accept the transferred assets and to deposit them into an approved IRA.

IRA Owner Information

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

Transfer Authorization to Present IRA Custodian

Please transfer the following Roth IRA assets: **(Cash Proceeds Only)**

☐ The entire balance of Account # _____

☐ Only the balance in these account(s): # _____ # _____ # _____

☐ Only this specific dollar amount: \$ _____ From Account #: _____

☐ Other (specify) _____

Please transfer the assets ☐ immediately ☐ at maturity date of _____ ☐ other: _____

I understand that penalties for early withdrawal may apply.

Make Check Payable To: **Ally Bank** _____, Custodian
Name of Receiving IRA Custodian

For the IRA of: _____
Name of IRA Owner

Transfer Method:

☐ Mail check to: **Ally Bank – Retirement Services**
Name of Receiving IRA Custodian
PO Box 13625
Address
Philadelphia, PA 19101-9811
City/State/Zip

☐ Wire funds to: **124003116**
Routing Number of Receiving IRA Custodian

Transferee Account Number: _____

Please include this account number with remittance.

NOTE: Please return one copy of this form to the receiving IRA Custodian.

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 the Custodian. 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.

X

Signature of IRA Plan Owner _____ Date _____ Signature of Custodian _____ Date _____

Transfers may require a Signature Guarantee – Please contact the current Custodian to see if one is needed.

