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Ally Bank

PO Box 13625

Philadelphia, PA 19101-9946

TRADITIONAL IRA DIRECT ROLLOVER REQUEST



Please review all information below and complete the fields below, as applicable, as well as the Traditional IRA Rollover Election form. If you have any questions regarding the information on this form, please contact one of our Customer Care Associates at 877-247-ALLY (2559). Return a copy of this form if you are either having funds directly sent to Ally Bank or have a check from the previous Trustee/Custodian made out to Ally Bank.

IRA Owner Information

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

Distributing Qualified Retirement Plan (QRP) or Other Eligible Retirement Plan (Non-IRA) Information

Name of Plan	Name of Participant
Address of Plan Administrator	Phone Number of Plan Administrator
City, State, Zip	Contact Person (if applicable)

Please note: If applicable, your required minimum distribution should not be included in the rollover amount.

Direct Rollover Instructions

Please send the following: **(Cash Proceeds only)**

☐ The entire balance of Account # _____

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

☐ Other (specify): _____

Please send the assets: ☐ Immediately ☐ On (Specify date): _____

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

For the benefit of: _____
Name of IRA Owner _____

Transfer Method:

☐ Mail check to: **Ally Bank – Retirement Services**
PO Box 13625
Philadelphia, PA 19101-9811

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

Ally Trad IRA Account #: _____
Please include this account number with remittance.

ACCEPTANCE: By the authorized signature below, the IRA Custodian agrees to accept the direct rollover assets and to deposit them into an IRS-approved Traditional IRA.

X Signature of Custodian	_____ Date
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Signature

I authorize the plan administrator to send my eligible rollover distribution to the IRA Custodian listed above, for credit to my IRA. I irrevocably designate the deposit as a rollover contribution. I understand that the IRA Custodian is not responsible for determining what part, if any, of this 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 IRA Custodian. Due to the important tax consequences of this transaction, I agree to seek the advice of a legal or tax professional, as needed. The IRA Custodian has not provided me with any legal or tax advice, and I assume full responsibility for this transaction. I will not hold the IRA Custodian liable for any adverse consequences that may result from this transaction.

X Signature of IRA Plan Owner	_____ Date
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Rollovers may require a Signature Guarantee – Please contact the current Custodian to see if one is needed.

