



TRADITIONAL IRA DIRECT ROLLOVER REQUEST

Go to ally.com to get the appropriate form for Invest IRAs.

Return this form with any attached documents 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 Retirement Services
P.O. Box 13625
Philadelphia, PA 19101-9811

 Fax

Subject Line: Retirement Services
Fax Number: 866-699-2969

 Expedited Delivery

Ally Bank Retirement Services
1100 Virginia Drive, Suite 150
Fort Washington, PA 19034-3276

Keep in mind, we'll need to contact you for the original form, if your present IRA Trustee/Custodian requires it.

Use this form if having funds sent directly to Ally Bank or a check from the previous IRA Trustee/Custodian sent to Ally Bank. Complete the Traditional IRA Rollover Election form also.

Print your responses in the applicable fields.

IRA Plan Owner

FIRST NAME	M.I.	LAST NAME / SUFFIX	SOCIAL SECURITY	DATE OF BIRTH
RESIDENTIAL STREET ADDRESS (NO PO BOX, BUS., OR MAIL DROP)			PERSONAL PHONE	WORK PHONE
CITY	STATE		ZIP	

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

NAME OF PLAN	NAME OF PARTICIPANT		
ADDRESS OF PLAN ADMINISTRATOR	PHONE OF PLAN ADMINISTRATOR		
CITY	STATE	ZIP	CONTACT PERSON (IF APPLICABLE)

Note: If applicable, your required minimum distribution cannot be included in the rollover amount.

Direct Rollover Instructions

Send the following IRA assets (cash proceeds only / SELECT ONLY ONE):

ACCOUNT NUMBER

The entire balance of this account:

ACCOUNT NUMBER

ACCOUNT NUMBER

ACCOUNT NUMBER

Only the balance in these accounts:

Other (specify):

Send the IRA assets (SELECT ONLY ONE):

Immediately

DATE

On (specify date):



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Direct Rollover Instructions (continued)

NAME OF IRA PLAN OWNER

Send wire or make check payable to Ally Bank, Custodian for the IRA of:

ACCOUNT NUMBER

Receiving Ally Bank Account Number:

Customer's Preferred Funds Delivery Method:

Wire funds to Routing/ABA Number 124003116 (Ally Bank as Receiving IRA Custodian)

Mailing address may also be used for wire transfer documentation.

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

Send check expedited delivery to Ally Bank Retirement Services, 1100 Virginia Drive, Suite 150, Fort Washington, PA 19034-3276

Signatures

Customer 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 I have the responsibility to determine 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.

SIGNATURE OF IRA PLAN OWNER

DATE

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.

AUTHORIZED SIGNATURE OF ALLY BANK AS SUCCESSOR CUSTODIAN

DATE