CITY ROTH IRA DIRECT ROLLOVER CONVERSION REQUEST

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

🗄 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 Roth IRA Trustee/Custodian requires it.

Use this form if having funds sent directly to Ally Bank or a check from the previous Roth IRA Trustee/Custodian sent to Ally Bank. Print your responses in the applicable fields.

 Roth IRA Plan Owner —	Roth IRA Plan Owner					
FIRST NAME	M.I.	LAST NAME / SUFFI	X	SOCIAL SECURITY	DATE OF BIRTH	
RESIDENTIAL STREET ADDRESS (NO PO BOX, BUS., OR MAIL DROP)			ROP)	PERSONAL PHONE	WORK PHONE	
CITY		STATE	ZIP			

-	Distributing Workplace Retirement Plan (WRP) (Non-IRA) Information				
	NAME OF PLAN			NAME OF PARTICIPANT	
	ADDRESS OF PLAN ADMINISTRATOR			PHONE OF PLAN ADMINISTRATOR	
	CITY	STATE	ZIP	CONTACT PERSON (IF APPLICABLE)	
	Rollover from a designated Roth account	A Roth 401(k)	or Roth 403(b)] ir	a WRP	

Conversion from a WRP other than a designated Roth account.

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

	Conversion Instructions ————————————————————————————————————	DNLY 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 Roth IRA ass	ets (SELECT ONLY ONE):			
Immediately	DATE			
On (specify date):				
ch (opeony date).				

OIV ROTH IRA DIRECT ROLLOVER CONVERSION REQUEST

Direct Rollover or Conversion Instructions (continued)			
NAME OF IRA PLAN OWNER			
Send wire or make check payable to Ally Bank, Custodian for the Roth IRA of:			
ACCOUNT NUMBER			
Receiving Ally Bank Account Number:			
Include with Remittance			
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 Roth IRA Custodian listed above, for credit to my IRA. I irrevocably designate the deposit as a rollover contribution. I understand that the Roth IRA Custodian is not responsible for determining what part, if any, of this distribution is eligible for rollover or conversion. 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 Roth 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 Roth 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 Roth IRA Custodian liable for any adverse consequences that may result from this transaction.

SIGNATURE OF ROTH IRA PLAN OWNER

DATE

Acceptance

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

AUTHORIZED SIGNATURE OF ALLY BANK AS SUCCESSOR CUSTODIAN

DATE