



IRA REQUEST FOR DISTRIBUTION - ROTH

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

Return this form with any attached documentation using one of these methods:

Online

Log in at ally.com and select Email, or log in on our 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

IRA Plan Owner

Complete this section with the current IRA plan owner's information. If you're a beneficiary taking a death distribution, use the deceased owner's information.

| | | | | | |
|--|------|--------------------|---------------------|-------------------------------|------------|
| FIRST NAME | M.I. | LAST NAME / SUFFIX | SSN / TAX ID NUMBER | | |
| RESIDENTIAL STREET ADDRESS (NO PO BOX, BUS., OR MAIL DROP) | | | DATE OF BIRTH | DATE OF DEATH (IF APPLICABLE) | |
| CITY | | STATE | ZIP CODE | PERSONAL PHONE | WORK PHONE |
| ALLY BANK ACCOUNT NUMBER(S) | | | | | |

Note: Only use account numbers from the same plan.

Beneficiary (or Surviving Spouse)

Complete this section if you're a beneficiary taking a death distribution or a surviving spouse taking a distribution as a result of a property settlement. Don't use this section to name or change your beneficiary.

| | | | | |
|--|------|--------------------|---------------------|---------------|
| FIRST NAME | M.I. | LAST NAME / SUFFIX | SSN / TAX ID NUMBER | DATE OF BIRTH |
| RESIDENTIAL STREET ADDRESS (NO PO BOX, BUS., OR MAIL DROP) | | | PERSONAL PHONE | WORK PHONE |
| CITY | | STATE | ZIP | |

Distribution Type

Has the 5-year holding period been met? Yes No I don't know

(SELECT ONLY ONE)

Normal (age 59½ and older)

Early (under age 59½)

Does an exception apply? Yes No

Internal Transfer to identical IRA

Divorced - Transfer to IRA of spouse or former spouse, under a decree of divorce or legal separation (not reportable)

Revocation - Taken within 7 days from the date the account was opened

Death - Distribution by beneficiary

Prohibited Transaction



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Payment Election & Method

ACCOUNT NUMBER(S)

AMOUNT (SELECT ONLY ONE)

Total Balance (to close IRA)

Partial Payment - amount \$

Return of Contribution - amount \$ plus net income attributable (if applicable)

Monthly Interest Check - CDs only (age 59½ and older)

Required Minimum Death Distribution (RMDD)

Further Instructions:

FREQUENCY (SELECT ONLY ONE)

For non-beneficiaries taking a distribution from a CD not in grace, the Ally Bank early withdrawal penalty may apply.

Immediate Monthly Quarterly Semi-Annually Annually At Maturity Date of:

DATE OF FIRST PAYMENT

Other:

FUNDS DISPOSITION (SELECT ONLY ONE)

Mail Check - send to this address (SELECT ONLY ONE) on record of beneficiary

Overnight delivery to selected address

- fees apply
- PO Box not acceptable

Transfer to spouse's IRA

Wire money - **must** have Ally Bank account and complete attached wire transfer form

Deposit to my existing Ally Bank account number:

All periodic distributions will continue until Ally Bank is notified otherwise in writing.

Signatures

By signing below, I certify that the information provided on this form is true and correct and may be relied on by Ally Bank as the Custodian. If needed, I'll seek the advice of a legal or tax professional regarding this transaction, which may be subject to fees, taxes, or penalties. I won't hold Ally Bank liable for any adverse consequences that may result from this transaction. I assume full responsibility for this transaction and agree that I haven't received any legal or tax advice from Ally Bank.

SIGNATURE OF IRA PLAN OWNER

DATE

SIGNATURE OF CUSTODIAN

DATE

SIGNATURE OF BENEFICIARY

DATE

NOTE: A beneficiary only needs to sign if a beneficiary is making the distribution request.



DOMESTIC IRA WIRE TRANSFER REQUEST

Ally Bank only offers domestic wire transfer services

This form is intended for IRA Wire Transfer Requests only and should be included with your IRA documents using the instructions at the top of Page 1.

Wire transfer requests received and verified:

- before 3 pm ET on a business day, will process that same day
- after 3 pm ET on a business day, will process the next business day

The wire transfer fee is \$20.

When you wire money from your Ally Bank account to your Ally Invest account, you'll automatically receive a reimbursement for the \$20 wire transfer fee in your Ally Invest account within two business days.

Type or print in capital letters the requested information and sign the form.

Account Owner

| | | | |
|--|------|--------------------|----------------|
| FIRST NAME | M.I. | LAST NAME / SUFFIX | ACCOUNT NUMBER |
| RESIDENTIAL STREET ADDRESS (NO PO BOX, BUS., OR MAIL DROP) | | CITY | STATE ZIP |

Wire Details

NOTE: Ally Bank doesn't accept wires to debit or credit card accounts.

| | |
|---|---|
| SEND DATE | WIRE AMOUNT |
| RECEIVING BANK ROUTING NUMBER (INTERMEDIARY BANK IF APPLICABLE) | RECEIVING BANK NAME (INTERMEDIARY BANK IF APPLICABLE) |
| RECEIVING BANK STREET ADDRESS (INTERMEDIARY BANK IF APPLICABLE) | CITY STATE ZIP |
| BENEFICIARY BANK (IF APPLICABLE) | BENEFICIARY BANK ACCOUNT NUMBER (IF APPLICABLE) |
| BENEFICIARY BANK STREET ADDRESS (IF APPLICABLE) | CITY STATE ZIP |
| SPECIAL DELIVERY INSTRUCTIONS (OPTIONAL) | |

Recipient

| | |
|--------------------------|----------------|
| NAME | ACCOUNT NUMBER |
| RECIPIENT STREET ADDRESS | CITY STATE ZIP |



DOMESTIC IRA WIRE TRANSFER REQUEST

Ally Bank only offers domestic wire transfer services

Signature

AUTHORIZATION AND AGREEMENT

A wire transfer request is known as a “payment order” under Article 4A of the Uniform Commercial Code.

1. As a security procedure, Ally Bank (“we”) may verify that you authorized this payment order by calling you to confirm that you made this request.
We’ll generally call you based on the dollar amount of this payment order or if we need to further verify your request. You agree that this “callback” security procedure is commercially reasonable and meets your security requirements. We aren’t liable for our refusal to honor any payment order if we can’t conclude ourselves that you requested the payment order.
2. You must ensure that the account number of the beneficiary and the bank routing number of the beneficiary’s bank are **absolutely accurate**. Submitted wire requests can’t be modified. All banks process and post payment orders by the account number of the beneficiary and by the bank’s routing number and not by the name of the beneficiary or by the name of the beneficiary’s bank. **We won’t verify the accuracy of any account number or routing number you provide.** If using an intermediary bank, you’re responsible for providing the accurate wiring details as instructed by the recipient/beneficiary bank.
3. We’re required by the Office of Foreign Assets Control (OFAC) to withdraw the amount of your wire from your account and delay or not process payment orders (a) to beneficiaries listed on the Specially Designated National lists from the U.S. Department of Treasury, or (b) for any reason related to an Executive Order of the President, Foreign Governmental Embargoes/ Sanctions, or directive of the U.S. Department of Treasury. As a regulatory procedure, we may contact you for additional information concerning your request.
4. You’re responsible for providing the necessary information. We won’t release your money until the information request is satisfied.
5. Submitted wire requests can’t be modified and we can’t revoke or cancel a payment order once it has been sent and we aren’t liable to you if we can’t recover any money already transferred.
6. We aren’t liable for the insolvency, neglect, misconduct, mistake, default or delay of any other bank, entity or person whether or not that other bank, entity or person is our agent.
7. Our liability for failure to follow your instructions is limited to the amount of any payment order lost plus incidental expenses and interest. In no event are we liable for any present or future indirect or consequential damages, punitive damages or special damages, whether or not we were first advised of the possibility of such damages. We reserve the right to reject any payment order without notice for any reason, including, but not limited to, the lack of sufficient available money in the account to be charged, fraud or scam concerns, concerns regarding funding transaction collectability, or no response to call back security procedures.
8. You must notify us in writing of any error, mistake or irregularity within 60 calendar days after the payment order was requested. Thereafter, we won’t have any liability to you.
9. We don’t send outgoing international wire transfers to beneficiaries located in other countries.
10. All payment orders, transactions and other matters concerning this Agreement will be governed by Article 4A of the Uniform Commercial Code as adopted by the State of Utah (“Utah Article 4A”) and Subpart B of Federal Reserve Regulation J as promulgated by the Board of Governors of the Federal Reserve System. Utah Article 4A shall be applied without giving effect to principles of conflicts of law.

By signing below, I authorize this wire transfer request. I’m responsible for the accuracy of the information and agree that I haven’t entered any debit or credit card numbers while setting up my wire.

ACCOUNT OWNER SIGNATURE

DATE