



# IRA CHANGE OF BENEFICIARY

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 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

Print your responses for all fields, including the Spousal Consent section (if applicable).

## IRA Plan Owner

Married (including legally separated)

Unmarried (single, divorced, widowed)

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

IRA PLAN NUMBER

Plan Type (SELECT ONE):    Traditional    SEP    Roth

## Beneficiary Designation

All Primary and/or Contingent beneficiary allocations must equal 100% for each beneficiary type.

### Primary 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)                      RELATIONSHIP                      PERCENTAGE (%)

CITY    STATE                      ZIP

### Primary Beneficiary

### Contingent 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)                      RELATIONSHIP                      PERCENTAGE (%)

CITY    STATE                      ZIP

Beneficiary Designation (continued)

<b>Primary Beneficiary</b>		<b>Contingent Beneficiary</b>		
FIRST NAME	M.I.	LAST NAME / SUFFIX	SSN / TAX ID NUMBER	DATE OF BIRTH
RESIDENTIAL STREET ADDRESS (NO PO BOX, BUS., OR MAIL DROP)			RELATIONSHIP	PERCENTAGE (%)
CITY		STATE	ZIP	

<b>Primary Beneficiary</b>		<b>Contingent Beneficiary</b>		
FIRST NAME	M.I.	LAST NAME / SUFFIX	SSN / TAX ID NUMBER	DATE OF BIRTH
RESIDENTIAL STREET ADDRESS (NO PO BOX, BUS., OR MAIL DROP)			RELATIONSHIP	PERCENTAGE (%)
CITY		STATE	ZIP	

<b>Primary Beneficiary</b>		<b>Contingent Beneficiary</b>		
FIRST NAME	M.I.	LAST NAME / SUFFIX	SSN / TAX ID NUMBER	DATE OF BIRTH
RESIDENTIAL STREET ADDRESS (NO PO BOX, BUS., OR MAIL DROP)			RELATIONSHIP	PERCENTAGE (%)
CITY		STATE	ZIP	

<b>Primary Beneficiary</b>		<b>Contingent Beneficiary</b>		
FIRST NAME	M.I.	LAST NAME / SUFFIX	SSN / TAX ID NUMBER	DATE OF BIRTH
RESIDENTIAL STREET ADDRESS (NO PO BOX, BUS., OR MAIL DROP)			RELATIONSHIP	PERCENTAGE (%)
CITY		STATE	ZIP	

Signature

I, the undersigned IRA Owner, hereby designate the above persons/entities as my primary and contingent beneficiary(ies) for this IRA Plan noted above, payable by reason of my death. (If a trust is a named beneficiary, a copy of the trust document must be provided.) If primary or contingent is not indicated, each beneficiary will be designated a primary. Unless otherwise requested herein, each payment made pursuant to this designation: (a) shall be paid to the primary beneficiary(ies) who are living at the time of my death; or (b) if no primary beneficiary(ies) shall be living at the time of my death, such payment shall be made to the contingent beneficiary(ies) who are then living. I have the right to change this beneficiary designation at any time. If a beneficiary is not properly designated or if no primary or contingent beneficiary survives the IRA owner, payments shall be made to my surviving spouse or, if I do not have a surviving spouse, to my estate.

I authorize Ally Bank ("Custodian") to make the changes as indicated above. This beneficiary designation supersedes and replaces any and all prior beneficiary designations by me. 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 Custodian. I agree to seek the advice of a legal or tax professional, as needed. The Custodian hasn't provided me with any legal or tax advice, and I assume full responsibility for the beneficiary designations. I won't, nor will my spouse, heir, beneficiaries, or any other party, hold the Custodian liable for any adverse consequences that may result from my designations.

IRA PLAN OWNER SIGNATURE

DATE

Spousal Consent

For use in community/marital property states AZ, CA, ID, LA, NV, NM, TX, WA, WI (marital property state) and AK (a married couple can make a community property election)

IRA OWNER

I'm married. I understand that if I want to name a primary beneficiary other than my spouse, my spouse's notarized signature appears below.

I'm not married. I understand that if I become married in the future, I must complete an IRA Change of Beneficiary form which includes spousal consent documentation.

IRA OWNER SPOUSE (IF APPLICABLE)

I acknowledge and agree that my spouse, the IRA Owner, has and will name a primary beneficiary or a percentage of less than 100% to someone other than me for the IRA Plan noted above. By signing below, I transfer any and all interest I may have in this IRA Plan to my spouse, the IRA owner. I agree to seek the advice of a legal or tax professional, as needed.

SPOUSE SIGNATURE

DATE

SPOUSE NAME (PRINTED)

State of \_\_\_\_\_ County of \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, the undersigned Notary Public,

personally appeared \_\_\_\_\_,

Personally known to me

OR

# IRA CHANGE OF BENEFICIARY

Spousal Consent (continued)

Proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and has hereby acknowledged to me that he/she/they have executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal.

Notary Signature: \_\_\_\_\_