

Return to:

Attached, please find the IRA Beneficiary Designation Request Form required to complete the transfers of your IRA account assets to the beneficiary

Please complete this form in its entirety and return via fax, mail, or online.

Mail:

Ally Invest Securities
PO Box 30248
Charlotte, NC 28230

Send overnight deliveries to:

Ally Invest Securities
601 S Tryon St.
Suite 100
Charlotte, N.C. 28202

Fax:

Subject Line: IRA Beneficiary Designation Request Form
Fax Number: 866-699-0563

IRA BENEFICIARY DESIGNATION REQUEST



I. Account Holder's Information (Complete all sections)

NAME	ACCOUNT NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER
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II. Designation of Beneficiary

The following individual(s) shall be my beneficiary(ies). In the event of my death, pay any interest I may have in my Custodial Retirement Account in equal proportions unless otherwise indicated to the following Primary Beneficiary or Beneficiaries

Primary Beneficiaries (If designating a trust, please provide trust name, names of all trustees, and date established).

1. NAME	% SHARE*	RELATIONSHIP	SSN OR TAXPAYER ID NUMBER	DATE OF BIRTH
ADDRESS			TELEPHONE	
2. NAME	% SHARE*	RELATIONSHIP	SSN OR TAXPAYER ID NUMBER	DATE OF BIRTH
ADDRESS			TELEPHONE	
3. NAME	% SHARE*	RELATIONSHIP	SSN OR TAXPAYER ID NUMBER	DATE OF BIRTH
ADDRESS			TELEPHONE	
4. NAME	% SHARE*	RELATIONSHIP	SSN OR TAXPAYER ID NUMBER	DATE OF BIRTH
ADDRESS			TELEPHONE	
SPECIAL INSTRUCTIONS				

Please note: Share totals must equal 100%. Do not use fractional percentages or dollar amounts.

IRA BENEFICIARY DESIGNATION REQUEST

Contingent Beneficiaries (If designating a trust, please provide trust name, names of all trustees, and date established).

1. NAME	% SHARE*	RELATIONSHIP	SSN OR TAXPAYER ID NUMBER	DATE OF BIRTH
ADDRESS			TELEPHONE	
2. NAME	% SHARE*	RELATIONSHIP	SSN OR TAXPAYER ID NUMBER	DATE OF BIRTH
ADDRESS			TELEPHONE	
3. NAME	% SHARE*	RELATIONSHIP	SSN OR TAXPAYER ID NUMBER	DATE OF BIRTH
ADDRESS			TELEPHONE	
4. NAME	% SHARE*	RELATIONSHIP	SSN OR TAXPAYER ID NUMBER	DATE OF BIRTH
ADDRESS			TELEPHONE	
SPECIAL INSTRUCTIONS				

Please note: Share totals must equal 100%. Do not use fractional percentages or dollar amounts.

IRA BENEFICIARY DESIGNATION REQUEST

III. Spousal Consent

If you are not married, certify here: I Certify That I Am Not Married

Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a tax or Legal Advisor.

I am the spouse of the above-named account holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this account, I have been advised to see a tax professional. I hereby give the account holder any interest I have in the funds or property deposited in this account and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advise was given to me by Apex Clearing Corporation.

SIGNATURE OF SPOUSE	DATE
SIGNATURE OF WITNESS	DATE

Account Holder Authorization

I understand that the beneficiaries' names herein may be changed or revoked by me at anytime by filling a new designation in writing with the custodian.

ACCOUNT OWNER SIGNATURE	DATE
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