



INHERITED IRA APPLICATION TO PARTICIPATE - ROTH

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).

Inherited IRA 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

OCCUPATION (IF RETIRED, HOMEMAKER, UNEMPLOYED, OR STUDENT, STATE SO HERE) EMPLOYER (IF SELF-EMPLOYED, STATE BUSINESS NAME HERE)

Decedent

FIRST NAME M.I. LAST NAME / SUFFIX SSN / TAX ID NUMBER DATE OF BIRTH

DATE OF DEATH RELATIONSHIP

Successor Beneficiary Designation

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

Successor 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



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Successor Beneficiary Designation (continued)

Successor Primary Beneficiary

Successor 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	

Successor Primary Beneficiary

Successor 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	

Successor Primary Beneficiary

Successor 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	

Successor Primary Beneficiary

Successor 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	



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Successor Beneficiary Designation (continued)

Successor Primary Beneficiary		Successor 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 Election

NO DESIGNATED BENEFICIARY (BENEFICIARY IS NOT AN INDIVIDUAL)

I'll withdraw all assets by December 31 of the fifth year after the year the Roth IRA owner died.

DESIGNATED BENEFICIARY OTHER THAN ELIGIBLE DESIGNATED BENEFICIARY (SEE BELOW)

I'll withdraw all assets by December 31 of the tenth year after the year the Roth IRA owner died.

ELIGIBLE DESIGNATED BENEFICIARY

Complete this section if you are the Roth IRA owner's surviving spouse beneficiary.

I'll withdraw all assets by December 31 of the tenth year after the year the Roth IRA owner died.

I'll withdraw all assets in a series of payments over a period not longer than my single life expectancy. I'll begin distributions by December 31 of the later of: (1) the year the Roth IRA owner would have attained age 73 or (2) the year following the year the Roth IRA owner died. My life expectancy will be recalculated each year.

Note: As the Roth IRA owner's spouse, you may be allowed to roll over or transfer the assets of this Roth IRA to your own Roth IRA.

Complete this section if you're the Guardian for the Roth IRA owner's minor child, or if the Roth IRA beneficiary is disabled or chronically ill, or if the Roth IRA beneficiary isn't more than ten years younger than the Roth IRA owner.

I'll withdraw all assets by December 31 of the tenth year after the year the Roth IRA owner died.

I'll begin distributions by December 31 of the year following the year the Roth IRA owner died. My life expectancy will be reduced by one each year.

Note: If the Roth IRA owner's beneficiary is a minor child, they may continue the life expectancy payments until they reach the age of majority. At that time, they must withdraw all assets by December 31 of the tenth year after the year they reach the age of majority.

Signature

I, the undersigned Inherited IRA Owner, hereby designate the above persons/entities as my primary and contingent beneficiary(ies) for this Inherited Roth IRA Plan, payable by reason of my death. (If a trust is a named beneficiary, I must provide a copy of the trust document.) If primary or contingent isn't 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 isn't properly designated or if no primary or contingent beneficiary survives the IRA owner, payments shall be made to my surviving spouse or, if I don't have a surviving spouse, to my estate.



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Signature (continued)

I certify that the information provided by me is true, complete and accurate, and that I have received a copy of the Application to Participate, Custodial Account Agreement and Disclosure Statement, Financial Disclosure and the Deposit Account Agreement (collectively the "Documents"). I have read the Documents and agree to be bound by their terms and conditions. I understand that the designation of the tax year for my contribution and my election to treat a contribution as a rollover (if applicable) are irrevocable. I haven't received any tax or legal advice from Ally Bank ("Custodian") and assume sole responsibility for all tax consequences associated with my contributions and distributions, determining that I'm eligible for all IRA deposits (contributions, transfers or rollovers) to this Inherited Roth IRA Plan, and ensuring that such deposits are in compliance with all tax laws. I'll seek the advice of my tax professional when appropriate. I understand that within seven (7) days from the date I open this Inherited Roth IRA Plan I may revoke it without penalty as described in the Documents. 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 actions or designations. I release the Custodian and agree to hold the Custodian harmless against any and all claims and situations arising from actions taken by me.

INHERITED IRA 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)

INHERITED 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.

INHERITED IRA OWNER SPOUSE (IF APPLICABLE)

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

SPOUSE SIGNATURE

DATE

State of _____ County of _____

On this the _____ day of _____, 20____, before me, _____, the undersigned Notary Public,

personally appeared _____,

Personally known to me

OR

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: _____