



INHERITED IRA APPLICATION TO PARTICIPATE - TRADITIONAL

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	



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

BENEFICIARY ELECTION - DEATH ON OR AFTER 1/1/2020

NO DESIGNATED BENEFICIARY (BENEFICIARY IS NOT AN INDIVIDUAL)

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

ELIGIBLE DESIGNATED BENEFICIARY

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

I'll withdraw all assets by December 31 of the tenth year after the year the 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 IRA owner would have attained age 73 or (2) the year following the year the IRA owner died. My life expectancy will be recalculated each year.

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

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

I'll withdraw all assets by December 31 of the tenth year after the year the 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 year following the year the IRA owner died. My life expectancy will be reduced by one each year.

Note: If the 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.

BENEFICIARY ELECTION - DEATH BEFORE 1/1/2020

Complete this section only if the owner dies before the required beginning date which is April 1 of the year following the year the IRA Owner attained the age of 70½.

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

I'll withdraw all assets in a series of payments over a period not longer than my single life expectancy. I'm a:

SPOUSE BENEFICIARY - I will begin distributions by December 31 of the later of:

1. the year the IRA owner would have attained age 70½, or
2. the year following the year the IRA owner died. My life expectancy will be recalculated each year.

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



Beneficiary Election (continued)

BENEFICIARY ELECTION - DEATH BEFORE 1/1/2020 (continued)

For the year of the IRA owner's death, if the IRA owner didn't take the required minimum distribution prior to death, the required minimum death distribution is the IRA owner's undistributed required minimum distribution for the year. For subsequent years, the required minimum death distribution will be determined as follows:

SPOUSE BENEFICIARY

I'll withdraw the assets in a series of payments over a period not to exceed the longer of:

1. my single life expectancy, determined as of my attained age each year or
2. the IRA owner's single life expectancy (based on the IRA owner's age on his birthday in the year of death and reduced by one each year thereafter).

NON-SPOUSE BENEFICIARY

I'll withdraw the assets in a series of payments over a period not to exceed the longer of:

1. my single life expectancy (based on my age on my birthday in the year after the year the IRA owner died and reduced by one each year thereafter) or
2. the IRA owner's single life expectancy (based on the IRA owner's age on his birthday in the year of death and reduced by one each year thereafter).

NON-LIVING-INDIVIDUAL BENEFICIARY

The assets will be withdrawn in a series of payments over a period not longer than the IRA owner's non-recalculated single life expectancy (based on the IRA owner's age on his birthday in the year of death and reduced by one each year thereafter).

Signature

I, the undersigned Inherited IRA Owner, hereby designate the above persons/entities as my primary and contingent beneficiary(ies) for this Inherited 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.

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 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 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



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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 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: _____