

TRUST ACCOUNT APPLICATION



Open an Account

Type of Account Requested:

- Online Savings Account
- Money Market Savings Account
- Interest Checking

Certificate of Deposit (please check one):

- Raise Your Rate 2 -Year CD 3 - Month CD 12 - Month CD
- Raise Your Rate 4 -Year CD 6 - Month CD 18 -Month CD
- No Penalty 11 - Month CD 9 - Month CD 3 -Year CD
- 5 -Year CD

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT AT ALLY BANK

To help the United States Government fight terrorism and money laundering, Federal law requires us to obtain, verify, and record information that identifies each person that opens an account. What this means for you: when you open an account, we will ask for your name, a street address, date of birth, and an identification number, such as a Social Security number. We may also ask to view your driver's license or other identifying documents that will assist us in identifying you. We appreciate your cooperation.

Personal Information (Grantor/Trustee)

Name Prefix: _____ First Name: _____
Middle Name: _____
Last Name: _____ Name Suffix: _____
(Jr., Sr., III, etc.)

Social Security Number: _____ - _____ - _____
Date of Birth: _____
EIN # of Trust (if applicable): _____
Country of Residency: _____
Country of Citizenship: _____

Email and Phone (Grantor/Trustee)

Email: _____
Home/Cell Phone Number: _____
Work Phone Number: _____ Extension: _____

Home Address (Grantor/Trustee) — no P.O. Boxes, please

Address: _____
City: _____ State: _____
ZIP Code: _____ Years at Current Address: _____

Previous Address If at your current address less than 5 years

Address: _____
City: _____
State: _____ ZIP Code: _____

Mailing Address If different from home address

Same as home address
Address: _____
City: _____
State: _____ ZIP Code: _____

Security Question

Mother's Maiden Name: _____

Personal Information (Grantor/Trustee)

Name Prefix: _____ First Name: _____
Middle Name: _____
Last Name: _____ Name Suffix: _____
(Jr., Sr., III, etc.)

Social Security Number: _____ - _____ - _____
Date of Birth: _____
EIN # of Trust (if applicable): _____
Country of Residency: _____
Country of Citizenship: _____

Email and Phone (Grantor/Trustee)

Email: _____
Home/Cell Phone Number: _____
Work Phone Number: _____ Extension: _____

Home Address (Grantor/Trustee) — no P.O. Boxes, please

Address: _____
City: _____ State: _____
ZIP Code: _____ Years at Current Address: _____

Previous Address If at your current address less than 5 years

Address: _____
City: _____
State: _____ ZIP Code: _____

Mailing Address If different from home address

Same as home address
Address: _____
City: _____
State: _____ ZIP Code: _____

Security Question

Mother's Maiden Name: _____

To open a Trust Account, please mail in a completed application along with all the following applicable information:

- A copy of the first page, the signature page, and the notary page of the Trust Agreement.
- Any amendments to the original Trust Agreement regarding Trustee(s) (resignations, deaths, etc.) or the Trust name.
- Certified/notarized copy of the death certificate(s) — This is applicable if anyone named in the trust title and/or any Trustee is deceased.
- If using an Employer Identification Number (EIN), please provide a copy of the SS-4 confirmation form — this is necessary if the Ally Trust Account will be established under a Taxpayer Identification Number (TIN) other than the named trustee(s) specified in the Trust Documents.

Your Initial Deposit Amount: \$, .

Please include a personal check made payable to "Ally Bank."

We cannot accept starter checks, money orders, cash, third-party checks, or checks drawn on a non-US entity.

For Interest Checking and Money Market Savings Accounts: Please check below if you would like the following provided for your account:

- VISA® Check Card (Money Market Savings Account) MasterCard® (Interest Checking)
- Checks (First order of 50 standard Ally Bank checks are free)

Automatic Transfers Automatic withdrawals can be transferred from your linked external checking account to your Ally Bank Online Savings, Money Market Savings Account, or Interest Checking Account. Please attach a "voided" personal check in order for us to access your checking account.

Please withdraw \$, .

Please start withdrawals on ____ / ____ / ____

Check One Every: Week 2 Weeks Month Semi-Monthly
(15th and the last business day of the month)

Overdraft Service Link any Ally Online Savings or Money Market account to your Interest Checking. Also, if you exceed your checking balance, we'll automatically transfer money from your funded savings account. Other banks charge for this transfer. With us, this back-up plan is free. Call us at 877-247-ALLY (2559) to set up overdraft service on your accounts.

Enclosed please find my personal check to activate my account. (Please, no money orders, starter checks, or third-party checks.) I understand that my account will be governed by Ally Bank's Deposit Agreement, which will be sent to me. I agree that if the Deposit Agreement is not acceptable to me, I will close my account and receive all of my money, in full, with no fees or service charges, along with any interest owed to me.

IRS W-9 Certification. Under penalty of perjury, I certify that:

1. The number shown in this form is my correct Social Security number.
2. I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. The IRS does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

In compliance with federal law, during our account opening process, we use information from your application (for example, your name, address, date of birth, and Social Security number) to verify your identity.

Signature: _____

Date: _____

**RETURN TO: Ally BANK, P.O. Box 951, HORSHAM, PA 19044
FOR QUESTIONS, PLEASE CONTACT US AT: 877-247-ALLY (2559)**

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