



# CHANGE FORM

**Instructions:** For each numbered section, please check the box for the desired changes and follow the instructions noted.

**Please begin by providing the following information:**

**Demand Notes number**

PRINT NAME (FIRST, MIDDLE, LAST)

( )

SOCIAL SECURITY NUMBER

DAYTIME PHONE NUMBER

**1**

## ADDRESS CHANGE ALL REGISTERED OWNERS are required to provide Authorized Signatures in Section 5. (Medallion Signature Guarantee not required)

**Registered (mailing address)**

Complete this section to change your registered address.

MAILING ADDRESS (U.S. ADDRESS ONLY)

CITY

STATE/ZIP CODE

**Residential (personal address)**

If your residential address is changing and it is different than your mailing address.

RESIDENTIAL ADDRESS (U.S. ADDRESS ONLY / NO PO BOXES)

CITY

STATE/ZIP CODE

( )

( )

HOME PHONE NUMBER

WORK PHONE NUMBER

**Seasonal**

Complete this section to add, change, or delete your seasonal address. Seasonal address is only valid during dates requested. You must update this address to indicate future dates.

Add  Change  Delete

SEASONAL ADDRESS (U.S. ADDRESS ONLY / NO PO BOXES)

CITY

STATE/ZIP CODE

SEASONAL ADDRESS START DATE (MM/DD/YYYY)

SEASONAL ADDRESS END DATE (MM/DD/YYYY)

**2**

## OWNERSHIP CHANGE(S) To add or remove the Primary Note Holder, to change existing Social Security numbers, or to make changes due to a death, call the Service Center at 800-684-8823, Monday through Friday 8:30 a.m. to 7 p.m. ET. (ALL OWNERS DEEMED TO BE JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP)

**Add Non-Primary Owner**

In order to process this change you must complete all fields and have all owners sign in section 5. Each owner must provide a **Medallion Signature Guarantee Stamp** including the new owner.

PRINT NAME(S) TO BE ADDED

SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YYYY)

DRIVERS LICENSE NUMBER / STATE ID NUMBER

MOTHER'S MAIDEN NAME (FOR SECURITY)

OCCUPATION

ANNUAL INCOME

RESIDENTIAL ADDRESS (U.S. ADDRESS ONLY / NO PO BOXES)

CITY

STATE/ZIP CODE

( )

( )

HOME PHONE NUMBER

WORK PHONE NUMBER

EMAIL ADDRESS (IF AVAILABLE)

**Remove Non-Primary Owner**

All remaining owners must sign in Section 5 and provide a **Medallion Signature Guarantee Stamp** including the owner being removed, if applicable.

PRINT NAME(S) TO BE REMOVED

SOCIAL SECURITY NUMBER

### 3

**ADD OR CHANGE INVESTMENT OPTIONS:** These options allow you to transfer money from a designated bank account to your Demand Notes. You can initiate these options online at [www.demandnotes.com](http://www.demandnotes.com). Each owner must provide a **Medallion Signature Guarantee Stamp** in section 5 to add any of the investment options below or to make changes to existing bank instructions.

Please check the type of change and follow the instructions below. Indicate your designated bank account information below in the shaded box.

**Automatic Monthly ACH Investment** These are monthly transfers made automatically from a designated bank, checking or savings account to your Demand Notes (\$50 minimum, funds available on the sixth business day after credit).

Please check one:  Add  Stop the transfer of \$ \_\_\_\_\_ on the \_\_\_\_\_ day of each month to my Demand Notes.

Change **from** the transfer of \$ \_\_\_\_\_ on the \_\_\_\_\_ day of each month to my Demand Notes  
**to** the transfer of \$ \_\_\_\_\_ on the \_\_\_\_\_ day of each month to my Demand Notes.

Please select either:  **Bank Account A** or  **Bank Account B**

**ELECTRONIC INVESTMENT OPTIONS BANK DESIGNATION(S)** Bank account must be a checking or savings account. There must be a match of at least one name between the Demand Notes registration and the bank registration below. If you have previously established banking instructions on your Demand Notes for investments, those banking instructions will apply for the investment options selected above and you do not have to complete this section. If you are adding or making changes to established banking instructions, each owner must provide a **Medallion Signature Guarantee Stamp** in section 5.

**Bank Account A** This must be completed if you are adding or changing Bank Account A for one of the investment options above. Attach a voided check for a checking account or a deposit slip for a savings account.

Please check one:  Add  Change  
 Please check one type of account only:  Checking  Savings

NAME(S) OF ACCOUNT HOLDER(S) \_\_\_\_\_  
 \_\_\_\_\_  
 BANK NAME \_\_\_\_\_  
 \_\_\_\_\_  
 CITY, STATE, ZIP CODE \_\_\_\_\_

BANK ACCOUNT NUMBER \_\_\_\_\_  
 [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]  
 ABA ROUTING NUMBER (9 DIGITS)  
 ( ) \_\_\_\_\_  
 BANK PHONE NUMBER \_\_\_\_\_

**Bank Account B** This must be completed if you are adding or changing Bank Account B for one of the investment options above. Attach a voided check for a checking account or a deposit slip for a savings account.

Please check one:  Add  Change  
 Please check one type of account only:  Checking  Savings

NAME(S) OF ACCOUNT HOLDER(S) \_\_\_\_\_  
 \_\_\_\_\_  
 BANK NAME \_\_\_\_\_  
 \_\_\_\_\_  
 CITY, STATE, ZIP CODE \_\_\_\_\_

BANK ACCOUNT NUMBER \_\_\_\_\_  
 [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]  
 ABA ROUTING NUMBER (9 DIGITS)  
 ( ) \_\_\_\_\_  
 BANK PHONE NUMBER \_\_\_\_\_

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**ADD OR CHANGE REDEMPTION OPTIONS:** These options allow you to redeem funds from your Demand Notes. You can initiate redemptions online at [www.demandnotes.com](http://www.demandnotes.com). Each owner must provide a **Medallion Signature Guarantee Stamp** in section 5 to add any of the redemption options below or to make changes to existing bank instructions.

Please check the type of change and follow the instructions below. Indicate your designated bank account information below in the shaded box.

**Wire Transfers** Allows you to request wire transfers from your Demand Notes to a designated bank checking or savings account (\$1,000 minimum per wire transfer). **(You must contact the service center at 800-684-8823 to initiate a wire transfer)**

Please check one:  Add  Change

Please select either:  **Bank Account C** or  **Bank Account D**

**Automatic ACH Redemption** Allows you to redeem a portion of your Demand Notes on a monthly or quarterly basis (\$100 minimum). Fill in the amount you would like to redeem and whether you would like to receive it on a monthly or quarterly basis. To use this option you must provide at least one set of designated bank instructions. The funds will be sent electronically via ACH to the designated bank.

Please check one:  Add  Stop the transfer of \$ \_\_\_\_\_  Monthly or  Quarterly.

Change from the transfer of \$ \_\_\_\_\_

to the transfer of \$ \_\_\_\_\_  Monthly or  Quarterly.

Please select either:  **Bank Account C** or  **Bank Account D**

**Monthly Interest ACH Redemption** Allows you to redeem the monthly interest on your Demand Notes. You must provide a set of designated banking instructions. The funds will be sent electronically via ACH to the designated bank.

Please check one:  Add  Stop  Change designated bank

Please select either:  **Bank Account C** or  **Bank Account D**

**ELECTRONIC REDEMPTION OPTIONS BANK DESIGNATION(S)** Bank account must be a checking or savings account. There must be a match of at least one name between the Demand Notes registration and the bank registration below. If you have previously established banking instructions on your Demand Notes for redemptions, those banking instructions will apply for the redemption options selected above and you do not have to complete this section. If you are adding or making changes to established banking instructions, each owner must provide a **Medallion Signature Guarantee Stamp** in section 5.

**Bank Account C** This must be completed if you are adding or changing Bank Account C for one of the redemption options above. Attach a voided check for a checking account or a deposit slip for a savings account.

Please check one:  Add  Change

Please check one type of account only:  Checking  Savings

NAME(S) OF ACCOUNT HOLDER(S)

BANK ACCOUNT NUMBER

BANK NAME

ABA ROUTING NUMBER (9 DIGITS)

CITY, STATE, ZIP CODE

BANK PHONE NUMBER

**Bank Account D** This must be completed if you are adding or changing Bank Account D for one of the redemption options above. Attach a voided check for a checking account or a deposit slip for a savings account.

Please check one:  Add  Change

Please check one type of account only:  Checking  Savings

NAME(S) OF ACCOUNT HOLDER(S)

BANK ACCOUNT NUMBER

BANK NAME

ABA ROUTING NUMBER (9 DIGITS)

CITY, STATE, ZIP CODE

BANK PHONE NUMBER

## 5

### SIGNATURES AND TAXPAYER CERTIFICATION

Signatures are required for processing

By signing this form, I certify that I have reviewed, and agree to be bound by the terms and description of Ally Demand Notes as contained in the Prospectus, and acknowledge that the Ally Demand Notes Committee has the full power and authority to amend the Program, to interpret its provisions, to adopt rules and regulations in connection with the Program, and to set and adjust the rate of interest to be paid on the Ally Demand Notes, all as described in the Prospectus. I have legal capacity and meet the eligibility requirements to invest in Ally Demand Notes pursuant to this investment form.

Further, under penalties of perjury, I certify that the Social Security or taxpayer identification number provided on this form is correct and that I am a U.S. person (including a U.S. resident alien). Unless the box below is checked, I am not subject to backup withholding because I have not been notified by the Internal Revenue Service that I am subject to such withholding, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. Check box below if applicable.

I am subject to backup withholding under provisions of Section 3406(a)(1)(C) of the Internal Revenue Service Code.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

_____ WRITTEN SIGNATURE (INDIVIDUAL, CUSTODIAN, CORPORATION OR TRUSTEE)	_____ PRINTED NAME	_____ DATE	_____ SIGNATURE GUARANTEE STAMP
_____ WRITTEN SIGNATURE (INDIVIDUAL, CUSTODIAN, CORPORATION OR TRUSTEE)	_____ PRINTED NAME	_____ DATE	_____ SIGNATURE GUARANTEE STAMP
_____ WRITTEN SIGNATURE (INDIVIDUAL, CUSTODIAN, CORPORATION OR TRUSTEE)	_____ PRINTED NAME	_____ DATE	_____ SIGNATURE GUARANTEE STAMP
_____ WRITTEN SIGNATURE (INDIVIDUAL, CUSTODIAN, CORPORATION OR TRUSTEE)	_____ PRINTED NAME	_____ DATE	_____ SIGNATURE GUARANTEE STAMP
_____ WRITTEN SIGNATURE (INDIVIDUAL, CUSTODIAN, CORPORATION OR TRUSTEE)	_____ PRINTED NAME	_____ DATE	_____ SIGNATURE GUARANTEE STAMP

## 6

### HELPFUL HINTS

A Medallion Signature Guarantee Stamp is designed to protect you and Ally Demand Notes against improper transactions or requests by unauthorized persons. It can be obtained from a bank or financial institution. A Medallion Signature Guarantee Stamp is required for certain ownership changes, to add or change bank account information and to add or change redemption options. Each owner must have their signature guaranteed. Do not obtain one stamp for all owners. **A Notary Stamp will not be accepted.**

#### Before You Mail:

- Make certain your Demand Notes number, Social Security/tax ID number, printed name and daytime phone number are provided.
- Verify the information supplied on this form is complete and accurate.
- Verify that all owners have signed and dated the request and, if required, a Medallion Signature Guarantee Stamp has been obtained for each.
- If required, enclose a voided blank check or deposit slip.

Call 800-684-8823 with any questions regarding this form, M-F from 8:30 a.m. to 7 p.m. ET.

This form is also available online at [www.demandnotes.com](http://www.demandnotes.com)

#### Mail completed form to:

Ally Demand Notes  
PO Box 75707  
Chicago, IL 60675-5707