



INVESTMENT FORM

INSTRUCTIONS

To participate in Demand Notes, please carefully complete and sign this investment form and mail it along with your initial investment check (personal check only) to:

Ally Demand Notes
The Northern Trust Company
PO Box 75707
Chicago, IL 60675-5707

IMPORTANT DISCLOSURES

To help fight the funding of terrorism and money-laundering activities, the U.S. Government has passed the USA Patriot Act, which requires banks, including the Ally Demand Notes processing agent bank, to obtain, verify and record information that identifies persons who engage in certain transactions with or through a bank. This means that, in order for us to open an Ally Demand Notes investment for you, we will need to collect the information solicited on this investment form for ALL PERSONS listed on the note.

For California Residents and future California Residents, see the Notice of Collection at the end of this form.

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TELL US WHICH ELIGIBILITY CATEGORY BEST DESCRIBES YOU (Please check the corresponding box)

- 1 - Ally Salary Employee
 2 - Ally Hourly Employee
 3 - Ally Financed Dealer (Retail or Wholesale)
 Dealer Name: _____
- 4 - Ally Retiree
 5 - Immediate Family Member of Eligible Ally Employee or Ally Retiree
 6 - Employee of Ally Subsidiary
 Employee/Retiree's Name: _____ Subsidiary Name: _____
- 7 Employee of Ally Financed Dealer
 Dealer Name: _____

Ally reserves the right to redeem any Demand Notes held by an Investor if such Investor fails to meet the eligibility requirements to invest in Ally Demand Notes pursuant to this investment form, including but not limited to the selection of an appropriate eligibility category.

2

TYPE OF REGISTRATION: Under Federal tax law, you must provide us with your Social Security or other taxpayer identification number, a certification that the number provided is correct and a certification that you are not subject to backup withholding. You must do this by completing the appropriate sections indicated on this form. Failure to furnish and certify your correct taxpayer identification number will result in the applicable withholding tax being withheld and paid to the Internal Revenue Service.

- Individual
 Joint
 Custodial
 Trust
 Corporate (Check one type and complete information below)

A. Primary Owner: Enter information for individual owner, primary owner of a joint note, trustee or custodian.

 OWNER (FIRST, MIDDLE, LAST) SOCIAL SECURITY NUMBER DATE OF BIRTH (MM/DD/YYYY)

 RESIDENTIAL ADDRESS (U.S. ADDRESS ONLY / NO PO BOXES) CITY STATE ZIP CODE

_____ (____) _____ (____) _____
 E-MAIL ADDRESS HOME PHONE NUMBER WORK PHONE NUMBER

_____ _____ _____
 DRIVER'S LICENSE NUMBER / STATE ID NUMBER STATE ID EXPIRATION DATE (MM/DD/YYYY)



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TYPE OF REGISTRATION - CONTINUED

MOTHER'S MAIDEN NAME (FOR SECURITY)

OCCUPATION

EMPLOYER NAME

EMPLOYER ADDRESS

CITY

STATE

ZIP CODE

ANNUAL INCOME: UNDER \$50,000 \$50,000 - \$100,000 ABOVE \$100,000

B. Joint Owner: Enter information for joint owners and co-trustees individual owner, primary owner of a joint note, trustee or custodian.
(ALL OWNERS DEEMED TO BE JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP)

OWNER (FIRST, MIDDLE, LAST)

SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YYYY)

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

CITY

STATE

ZIP CODE

E-MAIL ADDRESS

() _____
HOME PHONE NUMBER

() _____
WORK PHONE NUMBER

DRIVER'S LICENSE NUMBER / STATE ID NUMBER

STATE

ID EXPIRATION DATE (MM/DD/YYYY)

MOTHER'S MAIDEN NAME (FOR SECURITY)

OCCUPATION

EMPLOYER NAME

EMPLOYER ADDRESS

CITY

STATE

ZIP CODE

ANNUAL INCOME: UNDER \$50,000 \$50,000 - \$100,000 ABOVE \$100,000

Note: If there are more than two owners for this Demand Note, you must provide the same information (as requested above) on a separate piece of paper or use a second copy of this form. Signatures of all owners are required. The maximum number of owners per Demand Notes is six.

C. Custodial: Under Uniform Gift to Minors Act, enter minors information here. Custodian information should be above

MINOR'S NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YYYY)

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

CITY

STATE

ZIP CODE



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TYPE OF REGISTRATION - CONTINUED

D. Trust: (Required: Copies of first three and last three pages of trust document and any additional pages naming the trustees must be included with this form. For a statutory trust (trust created through a State Filing – Secretary of State), a certification regarding beneficial owners must also be included with this form. To obtain the certification form, go to www.demandnotes.com or call 800-684-8823)

Statutory Trust Yes No

TRUST TITLE

DATE OF TRUST AGREEMENT

TRUST TAX ID NUMBER

TRUSTEE #1 NAME (FIRST, MIDDLE, LAST)

DATE OF BIRTH (MM/DD/YYYY)

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

CITY

STATE

ZIP CODE

TRUSTEE #2 NAME (FIRST, MIDDLE, LAST)

DATE OF BIRTH (MM/DD/YYYY)

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

CITY

STATE

ZIP CODE

E. Corporation, LLC, Partnership or Association(Required: i) copy of Articles of Incorporation or other entity formation document, ii) An original Corporate Resolution form and iii) certification regarding beneficial owners must be included with this form*. To obtain a corporate resolution and the certification, go to www.demandnotes.com or call 800-684-8823).

NAME OF CORPORATION, LLC, PARTNERSHIP OR ASSOCIATION

TAX ID NUMBER

TYPE OF BUSINESS

STATE OR REGISTRATION

ESTABLISHED DATE

DBA (DOING BUSINESS AS), IF ANY

OF EMPLOYEES

ANNUAL SALES REVENUE

PRINCIPAL BUSINESS ADDRESS (U.S. ADDRESS ONLY / NO PO BOXES)

CITY

STATE

ZIP CODE

*Applies to Corporation, LLC, Partnership or Incorporated Association. If you believe the entity is excluded from the U.S. Department of the Treasury Financial Crimes Enforcement Network (FinCEN) Customer Due Diligence Rule (refer to FAQs located at www.demandnotes.com), please provide an explanation below to support the exclusion claim:



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SOURCE OF FUNDS

What is the primary source of funds for the Demand Note?

- Employment Investments Inheritance Loan Other

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ADDRESSES

A. Mailing Address if different than residential address above. Used for checks and all mailings. (U.S. address only – all information is required)

 STREET ADDRESS CITY STATE ZIP CODE

B. Seasonal Address if applicable. Used for checks and all mailings. (U.S. address only. No PO Boxes – all information is required; please leave blank if you do not have a seasonal address)

 STREET ADDRESS CITY STATE ZIP CODE (MM/DD)

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ELECTRONIC 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 or by calling the service center at 800-684-8823.

Automated Clearing House (ACH): There is a \$50.00 minimum per ACH. Funds are available for redemption on the sixth business day after the date of credit. Your bank may charge you for this service.

Automatic Monthly ACH Investment : Investment of \$_____will occur on or about the _____ day of each month from

Please select either Bank Account A or Bank Account B

Additional Automatic Monthly ACH investment: Investment of \$_____will occur on or about the _____ day of each month from

Please select either Bank Account A or Bank Account B

On Request ACH Investment: This will allow you to transfer money from a designated bank account to your Demand Notes. To initiate a transfer you can log into your account online at www.demandnotes.com or call the service center at 800-684-8823

Please select either Bank Account A or Bank Account B



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Notice of Collection (California Residents Only)

We collect and have collected, used, and disclosed, in the past 12 months, the following categories of Personal Information about California residents:

- Identifiers such as full name, alias, postal address, unique personal identifier, online identifier, Internet Protocol address, email address, telephone number, account title, Social Security number, driver's license number, passport number, or other similar identifiers;
- Personal Information listed in the California Customer Records statute (Cal. Civ. Code § 1798.80(e)) such as full name, signature, Social Security number, address, telephone number, passport number, driver's license or state identification card number, bank account number, debit card number, or any other financial information;
- Protected classification characteristics under California or federal law such as age (40 years or older), citizenship, physical or mental disability, veteran or military status;
- Sensory data such as audio, electronic, or similar information; and
- Professional or employment-related information.

We collect the above categories of Personal Information from the following sources:

- From California residents or authorized agents and parties (e.g., from documents that you provide to us related to the services for which you engage us or through information we collect from you including your employer, in the course of providing services to you);
- Directly and indirectly from your activity on our digital properties (e.g., from submissions through our website portal or website details we collect automatically);
- From third parties that interact with us in connection with the services we perform (e.g., from credit bureaus); and
- From our affiliates.

We collect and have collected in the past 12 months the above categories of Personal Information for one or more of the following business purposes:

- To fulfill or meet the reason for which the information was provided. If you provide your personal information to purchase a product or service, we will use that information to process your request;
- To provide, support, personalize, and develop our websites, products, and services;
- To create, maintain, customize, and secure your account with us;
- To process your requests, purchases, transactions, and payments and prevent transactional fraud;
- To provide you with support and to respond to your inquiries, including to investigate and address your concerns and monitor and improve our response;
- To personalize your website experience and to deliver relevant content and product and service offerings, including targeted offers and ads through our websites, third-party sites, and via email or text message (with your consent, where required by law);
- To help maintain the safety, security, and integrity of our business websites, products and services, databases and other technology assets;
- For testing, research, analysis, and product development, including to develop and improve our websites, products, and services;
- To respond to law enforcement requests and as required by applicable law, court order, or governmental regulations;
- As described to you when collecting your personal information or as otherwise set forth in the CCPA; and

We will not collect additional categories of Personal Information or use Personal Information we collect for purposes not disclosed within this form. For additional information, please read our CCPA Disclosure for California Residents, which is located at <https://www.ally.com/privacy>.



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ELECTRONIC INVESTMENT OPTIONS BANK DESIGNATION(S)

Bank Account A: This must be completed if you are adding 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. At least one of the names on the deposit slip or voided check must match at least one of the registered owners of this Demand Note.

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 B: This must be completed if you are adding 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. At least one of the names on the deposit slip or voided check must match at least one of the registered owners of this Demand Note.

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

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REDEMPTION OPTIONS

These options allow you to transfer money from your Demand Notes to your designated bank account(s). Indicate your designated bank account information in the shaded box below. Bank accounts may be the same or different from those listed above. Even if accounts are the same, please list them again.

Redemption Checks: A checkbook will be mailed to the registered address.

On Request ACH Redemption: Allows you to redeem funds (\$250 minimum) electronically from your Demand Notes. The funds will be electronically sent via ACH to the bank that you have designated. Your bank may charge you for this service.

Please select one or both Bank Account C and/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. The funds will be electronically sent via ACH to the bank that you have designated.

I authorize the processing agent to redeem \$_____ every Month Quarter (March, June, September, December)

(MM/DD)

Please select either Bank Account C or Bank Account D



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Monthly interest ACH Redemption: Allows you to redeem the monthly interest on your Demand Notes. The funds will be electronically sent via ACH to the bank that you have designated.

Please select either

Bank Account C

or

Bank Account D

Wire Transfer ((\$1,000 Minimum): If you select this option, you may have your funds wired to a predesignated bank account upon your request. With this option, you authorize the processing agent to act on telephone instructions received by a customer service representative. Your bank may charge for this service.

Please select either

Bank Account C

or

Bank Account D

REDEMPTION OPTIONS BANK DESIGNATION(S)

Bank Account C: This must be completed if you are adding 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. At least one of the names on the deposit slip or voided check must match at least one of the registered owners of this Demand Note.

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 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. At least one of the names on the deposit slip or voided check must match at least one of the registered owners of this Demand Note.

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

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INITIAL INVESTMENT

Enclosed is my personal check for \$ _____ (\$1,000 minimum) made payable to Ally Demand Notes.

Personal checks only. Demand Notes will not accept cashier's checks, third-party checks, traveler's checks, money orders, starter checks, cash or credit card checks.



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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, INCORPORATED CORPORATION OR TRUSTEE)

PRINTED NAME

WRITTEN SIGNATURE (INDIVIDUAL, CUSTODIAN, INCORPORATED CORPORATION OR TRUSTEE)

PRINTED NAME

Before you return your completed Form, please review the following checklist to ensure you are providing all the information necessary to begin your Demand Notes Investment.

- Complete all of the required information on the Investment Form.
- Verify all owners have signed and dated the Form. (We do not accept facsimile signatures.)
- Attach any necessary entity forms (trust documents, corporate resolutions, etc.)
- Attach the Certification Regarding Beneficial Owners of Legal Entity Customers (applicable to Corporations, LLCs, Partnerships, Associations and Statutory Trusts)
- Include your personal check for the initial investment (minimum \$1,000) made payable to Ally Demand Notes.

If all of the required information is not included / completed, the Investment Form and initial investment will be returned to the registered address. A letter will be included explaining what is missing.

Return to:

Ally Demand Notes

The Northern Trust Company PO Box 75707

Chicago, IL 60675-5707

Overnight:

Ally Demand Notes

The Northern Trust Company 801 S Canal Street, C2N

Chicago, IL 60607

Call 800-684-8823 with any questions regarding this form, Monday through-Friday from 8:30 a.m. to 7 p.m. ET. Additional forms can be found online at www.demandnotes.com.