



# INVESTMENT FORM

To participate in Demand Notes, please complete the following seven steps, have all owners sign the investment form and mail it, along with your initial investment (personal check only), in the envelope provided to:

**Mail to:** Ally Demand Notes, 154-0510  
The Bank of New York Mellon  
PO Box 535030  
Pittsburgh, PA 15253-5030

**Overnight to:** Ally Demand Notes, 154-0510  
The Bank of New York Mellon  
500 Ross Street  
Pittsburgh, PA 15262

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**TELL US WHICH ELIGIBILITY CATEGORY BEST DESCRIBES YOU:**   Please fill in your corresponding category number.

- |                     |                   |  |                                      |
|---------------------|-------------------|--|--------------------------------------|
| 01 Salary Employees | 06 Dealers        | 14 Immediate Family Member of Eligible Employee or Retiree | 21 Supplier/Vendor/Affiliate of Ally |
| 02 Hourly Employees | 07 Retirees       | 15 Employee of Ally Subsidiary                             |                                      |
| 04 Dealer Employees | 10 GM Stockholder |  |                                      |

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**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 28% of the interest credited to your Demand Notes 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 _____	
DRIVER'S LICENSE NUMBER/STATE ID NUMBER _____ STATE _____		DATE OF BIRTH (MM/DD/YYYY) _____	
RESIDENTIAL ADDRESS (U.S. ADDRESS ONLY/NO PO BOXES) _____	CITY _____	STATE _____	ZIP _____
EMAIL ADDRESS _____	MOTHER'S MAIDEN NAME (FOR SECURITY) _____		
( ) _____ HOME PHONE NUMBER	( ) _____ WORK PHONE NUMBER		

**B. Joint Owner** Enter information for joint owners and co-trustees.

JOINT OWNER (FIRST, MIDDLE, LAST) _____		SOCIAL SECURITY NUMBER _____	
DRIVER'S LICENSE NUMBER/STATE ID NUMBER _____ STATE _____		DATE OF BIRTH (MM/DD/YYYY) _____	
RESIDENTIAL ADDRESS (U.S. ADDRESS ONLY/NO PO BOXES) _____	CITY _____	STATE _____	ZIP _____
EMAIL ADDRESS _____	MOTHER'S MAIDEN NAME (FOR SECURITY) _____		
( ) _____ HOME PHONE NUMBER	( ) _____ WORK PHONE NUMBER		

**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 (FIRST, MIDDLE, LAST) _____		MINOR'S STATE OF RESIDENCE _____	
MINOR'S DATE OF BIRTH (MM/DD/YYYY) _____		MINOR'S SOCIAL SECURITY NUMBER _____	
RESIDENTIAL ADDRESS (U.S. ADDRESS ONLY/NO PO BOXES) _____	CITY _____	STATE _____	ZIP _____
MOTHER'S MAIDEN NAME (FOR SECURITY) _____			

**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.)

TRUST TITLE _____	
DATE OF TRUST AGREEMENT _____	TRUST TAX ID NUMBER _____

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**TYPE OF REGISTRATION CONTINUED**

**E. Partnership, Corporation, Association, LLC or Other** (Required: An original Corporate Resolution document must be included with this form. To obtain a corporate resolution, log on to demandnotes.com to print the form from the Web site or call 800-684-8823.)

PARTNERSHIP, CORPORATION, ASSOCIATION OR LLC NAME \_\_\_\_\_ TAX ID NUMBER \_\_\_\_\_

PRINCIPAL BUSINESS ADDRESS (U.S. ADDRESS ONLY/NO PO BOXES) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Type of Organization Code  S Corporation,  C Corporation,  Partnership, or  LLC (C=C corporation, S=S corporation, P=partnership).

WEB SITE ADDRESS (IF AVAILABLE) \_\_\_\_\_

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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 \_\_\_\_\_

**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 \_\_\_\_\_

SEASONAL ADDRESS START DATE (MM/DD/YYYY) \_\_\_\_\_ SEASONAL ADDRESS END DATE (MM/DD/YYYY) \_\_\_\_\_ ( ) - \_\_\_\_\_ 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, travelers checks, money orders, starter checks, cash or credit card checks.**

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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 through the automated phone system at 800-684-8823 or online access at demandnotes.com**

**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:** I understand my investment of \$ \_\_\_\_\_ will occur on or about the \_\_\_\_\_ day of every month from

**Bank Account A** or  **Bank Account B**

**Additional Automatic Monthly ACH Investment:** I understand my investment of \$ \_\_\_\_\_ will occur on or about the \_\_\_\_\_ day of every month from

**Bank Account A** or  **Bank Account B**

**Ad Hoc ACH Investment:** This will allow you to transfer money from a designated bank account to your Demand Notes. You can initiate these options through the automated phone system at 800-684-8823 or online access at demandnotes.com

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

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## INVESTMENT OPTIONS CONTINUED

### 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 blank 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 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 Bank Account B for one of the investment options above. Attach a voided blank 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 NAME

CITY, STATE, ZIP CODE

BANK ACCOUNT NUMBER

ABA ROUTING NUMBER (9 DIGITS)

( )

BANK PHONE NUMBER

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## REDEMPTION OPTIONS

**Adding banking instructions here will allow you more options to access your funds later. You must provide at least one set of banking instructions for electronic redemption purposes in place of bank issued checks for full or partial redemption.** Indicate your designated bank account information in the shaded box below. If these instructions are missing, this form will be returned to you. Bank accounts may be the same or different from those listed above. Even if accounts are the same, please list them again on the following page.

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

**Ad Hoc 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. You can choose to use the automated phone system or a customer service representative or both. Your bank may charge you for this service.

Automated Phone System

Please select either:  Bank Account C or  Bank Account D

Customer Service Representative

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. To use this option you must maintain a minimum balance of \$5,000 in your Demand Notes. 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)

from:  Bank Account C or  Bank Account D

**Monthly Interest ACH Redemption** Allows you to redeem the monthly interest on your Demand Notes. You must have a minimum balance of \$5,000 to select this option. The funds will be electronically sent via ACH to the bank that you check here:

Bank Account C or  Bank Account D

**Ad Hoc WireTransfer** (\$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 either through the automated phone system or a customer service representative. Your bank may charge for this service.

Automated Phone System

Please select either:  Bank Account C or  Bank Account D

Customer Service Representative

Please select one or both:  Bank Account C and/or  Bank Account D

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### 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 blank check for a checking account or a deposit slip for a savings account.

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

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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### 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 Demand Notes as contained in the Prospectus, and acknowledge that the 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 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

WRITTEN SIGNATURE OF JOINT OWNER(S) OR CO-TRUSTEE(S) (IF APPLICABLE)

PRINTED NAME

DATE

**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.**

# CHECKLIST

- 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 forms (trust documents, corporate resolutions, etc.)
- 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 in the enclosed envelope to:  
 Ally Demand Notes, 154-0510  
 The Bank of New York Mellon  
 PO Box 535030  
 Pittsburgh, PA 15253-5030

Overnight:  
 Ally Demand Notes 154-0510  
 The Bank of New York Mellon  
 500 Ross Street  
 Pittsburgh, PA 15262

**Call 800-684-8823 with any questions regarding this form, M-F from 8 a.m. to 7 p.m. ET. Additional forms can be found on the web at demandnotes.com.**