

ally® ADDITIONAL ACCOUNT OWNER APPLICATION

Return this form using one of these methods:

Online

Log in at ally.com and select Email, or log in on the Ally Mobile app and select . Attach the form to your message.

Mail

Ally Bank
PO Box 951
Horsham, PA 19044

Fax

Subject Line: Operations
Fax Number: 866-699-2969

Use this form to add an owner to an existing individual or joint account.

Complete all fields for us to be able to process your request.

Current Account Owner

FIRST NAME M.I. LAST NAME / SUFFIX

ACCOUNT NUMBERS

By signing below, I am authorizing Ally Bank to add the individual identified in the New Additional Account Owner section as a joint account owner to the accounts listed above.

CURRENT ACCOUNT OWNER'S SIGNATURE DATE

Important Notifications

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 who opens an account. What this means for you: 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 see your driver's license or other identifying documents that will allow us to identify you. We only open accounts for legal U.S. residents. By signing and submitting this application, you are acknowledging that you are a U.S. citizen or resident alien of the U.S.

If you have a freeze on your credit as a feature of credit security monitoring, we may contact you to lift the freeze temporarily to verify your identity.

You authorize us to contact you by using any telephone number you provide to us, including a mobile or cell phone number that you are authorized to use. In addition to manual calling, we may use text messages, prerecorded or artificial voice messages, or automatic dialing systems. We will not charge you for any contact, but your mobile phone service provider may.

New Additional Account Owner

I am an existing Ally Bank customer and would like to use my information already on file.
(Complete only Name, Social Security, Date of Birth, Occupation, and Employer information below.)

FIRST NAME M.I. LAST NAME / SUFFIX SOCIAL SECURITY DATE OF BIRTH

OCCUPATION EMPLOYER

EMAIL ADDRESS PERSONAL PHONE WORK PHONE

RESIDENTIAL STREET ADDRESS (NO PO BOX, BUS., OR MAIL DROP) MAILING STREET ADDRESS (IF DIFFERENT THAN RESIDENTIAL)

RESIDENTIAL ADDRESS LINE 2 MAILING ADDRESS LINE 2

RESIDENTIAL CITY STATE ZIP MAILING CITY STATE ZIP

New Additional Account Owner (continued)

If you have been at the above address for less than 5 years, provide a prior residential address.

RESIDENTIAL STREET ADDRESS (NO PO BOX, BUS., OR MAIL DROP) RESIDENTIAL CITY STATE ZIP

If you are not an Ally Bank customer, provide a security question with answer and mother's maiden name that may be used to identify you when contacting us.

SECURITY QUESTION SECURITY ANSWER MOTHER'S MAIDEN NAME

Account Options for New Additional Account Owner

Debit card and check order options below are not applicable to Online Savings and Certificate of Deposit accounts.

Interest Checking:

ACCOUNT NUMBERS

Order Debit Card	Yes	No
Order Checks	Yes	No

Money Market Savings:

ACCOUNT NUMBERS

Order Debit Card	Yes	No
Order Checks	Yes	No

Account Agreement

Acceptance of Terms and Conditions

By signing below and agreeing to become a joint owner of the accounts, I agree to the terms of the Ally Bank Deposit Agreement that will be sent to me within 10 days of being added to the accounts. I authorize Ally Bank to obtain a consumer report from a consumer reporting agency to verify information provided in this application or for any legitimate business purpose in connection with the Ally Bank account.

NEW ADDITIONAL ACCOUNT OWNER'S SIGNATURE DATE

Certification Of Taxpayer Identification Number

Complete and sign the attached **Certification of Taxpayer Identification Number form** if you currently have no existing accounts at Ally Bank. A **Certification of Taxpayer Identification Number form** is required for each applicant.



CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER

FORM W9 TAXPAYER IDENTIFICATION NUMBER (TIN) CERTIFICATION (Not applicable for Non-Resident Aliens)

(For individuals, the TIN is your Social Security Number or Individual Tax Identification Number (ITIN) which should match the first name listed on the account and will be used for tax reporting purposes. For other entities, it is your Employer Identification Number.)

A. SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER:

B. Certification - Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
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. citizen or other U.S. person (including a U.S. Resident Alien), and
4. I am exempt from Foreign Account Tax Compliance Act Reporting.

Backup Withholding Instructions

You must check off this box 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 Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

CUSTOMER SIGNATURE

NAME

DATE

CUSTOMER NUMBER (INTERNAL USE ONLY)