

RETURN INSTRUCTIONS



Return this form with any attached documents using one of these methods:

Upload/Secure Message

Log in at ally.com, choose Email / Bank Accounts / Send a New Secure Message.

Mail

Ally Bank
PO Box 951
Horsham, PA 19044

Fax

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

ESTATE ACCOUNT APPLICATION



You'll need to provide these documents:

- A copy of Death Certificate, Letters Testamentary, and probate or court document naming the executor/executrix of the estate

Estate Information

NAME OF DECEASED PERSON

TAX IDENTIFICATION NUMBER FOR ESTATE

Account Product and Selection

Product Type	Quantity	Amount
INTEREST CHECKING		\$
ONLINE SAVINGS ACCOUNT		\$
MONEY MARKET SAVINGS ACCOUNT		\$
HIGH YIELD 3-MONTH CD		\$
HIGH YIELD 6-MONTH CD		\$

Product Type	Quantity	Amount
HIGH YIELD 9-MONTH CD		\$
NO PENALTY 11-MONTH CD		\$
TOTAL		\$

Note: When a CD is opened for deposit of Estate funds, an early withdrawal penalty applies if the CD is closed prior to maturity.

Special Instructions:

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.

Executor/Executrix Information

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

FIRST NAME

M.I.

LAST NAME / SUFFIX (JR.,SR., III, ETC)

SOCIAL SECURITY

DATE OF BIRTH

OCCUPATION

EMPLOYER

EMAIL ADDRESS



Executor/Executrix Information (continued)

PERSONAL PHONE			WORK PHONE		
RESIDENTIAL STREET ADDRESS (NO P.O. BOXES)			MAILING STREET ADDRESS (IF DIFFERENT THAN RESIDENTIAL)		
RESIDENTIAL ADDRESS LINE 2			MAILING ADDRESS LINE 2		
RESIDENTIAL CITY	STATE	ZIP	MAILING CITY	STATE	ZIP

If you have been at the above address for less than 5 years, provide a prior residential address and a copy of one of the following for address verification: Driver's License, state issued ID card or utility bill (not greater than 60 days).

RESIDENTIAL STREET ADDRESS (NO P.O. BOXES)	RESIDENTIAL CITY	STATE	ZIP
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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
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EXECUTOR/EXECUTRIX SIGNATURE	DATE
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Executor/Executrix Information

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

FIRST NAME	M.I.	LAST NAME / SUFFIX (JR.,SR., III, ETC)			
SOCIAL SECURITY	DATE OF BIRTH	OCCUPATION			
EMPLOYER	EMAIL ADDRESS				
PERSONAL PHONE	WORK PHONE				
RESIDENTIAL STREET ADDRESS (NO P.O. BOXES)			MAILING STREET ADDRESS (IF DIFFERENT THAN RESIDENTIAL)		
RESIDENTIAL ADDRESS LINE 2			MAILING ADDRESS LINE 2		
RESIDENTIAL CITY	STATE	ZIP	MAILING CITY	STATE	ZIP

If you have been at the above address for less than 5 years, provide a prior residential address and a copy of one of the following for address verification: Driver's License, state issued ID card or utility bill (not greater than 60 days).



Executor/Executrix Information (continued)

RESIDENTIAL STREET ADDRESS (NO P.O. BOXES) 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

EXECUTOR/EXECUTRIX SIGNATURE DATE

Executor/Executrix Information

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

FIRST NAME M.I. LAST NAME / SUFFIX (JR.,SR., III, ETC)

SOCIAL SECURITY DATE OF BIRTH OCCUPATION

EMPLOYER EMAIL ADDRESS

PERSONAL PHONE WORK PHONE

RESIDENTIAL STREET ADDRESS (NO P.O. BOXES) MAILING STREET ADDRESS (IF DIFFERENT THAN RESIDENTIAL)

RESIDENTIAL ADDRESS LINE 2 MAILING ADDRESS LINE 2

RESIDENTIAL CITY STATE ZIP MAILING CITY STATE ZIP

If you have been at the above address for less than 5 years, provide a prior residential address and a copy of one of the following for address verification:
 Driver's License, state issued ID card or utility bill (not greater than 60 days).

RESIDENTIAL STREET ADDRESS (NO P.O. BOXES) 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

EXECUTOR/EXECUTRIX SIGNATURE DATE

Account Options

Interest Checking:

Order Debit Card	Yes	No
Order Checks	Yes	No
Add Overdraft Service	Yes	No

Money Market Savings:

Order Debit Card	Yes	No
Order Checks	Yes	No

Overdraft Transfer Service links an Ally Money Market or Online Savings with the same Estate account title to your Ally Interest Checking account for overdraft service. Refer to the Ally Bank Deposit Agreement for a full explanation of this service and applicable fees that may be incurred.

Debit cards and checks that you order will not be issued until we receive your first deposit. Your debit card and initial check order should arrive in the mail within 10 business days after we receive your first deposit.

Online Access and Statements

The statement for these accounts will be mailed to the address on file for the Estate. If you need to set-up online banking credentials or want to view your statement online, contact us once the account is opened or visit us at ally.com.

Fund Account(s)

Enclosed is a check with my application

- Ally Bank does not accept cash deposits, foreign checks/currency, or savings bonds.

As the executor/executrix of the estate, I authorize full liquidation of all deposit assets in the Ally Bank deceased account holder's name to fund the new estate account(s), unless there is a beneficiary named on the account.

ACCOUNT NUMBER(S)

Account Agreement

Acceptance of Terms and Conditions

By signing below, you agree that if you use and do not close your account within 30 days of opening, it will constitute your agreement to the terms of the Ally Bank Deposit Agreement that will be sent to you after your account is opened. You, as the representative of the estate listed above, authorize us 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.

EXECUTOR/EXECUTRIX SIGNATURE

DATE

EXECUTOR/EXECUTRIX 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.

A **Certification of Taxpayer Identification Number** form is required for the estate and each executor/executrix. Make additional copies of Certification of Taxpayer Identification Number as needed.

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 (TIN) which should match the first name listed on the account and will be used for tax reporting purposes. For other entities, it is your Employee Identification Number.)

I. SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER

II. 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)

CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER



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

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CUSTOMER SIGNATURE

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CUSTOMER NUMBER (INTERNAL USE ONLY)

CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER



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

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