



# INDIVIDUAL / JOINT ACCOUNT 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

## Account Product and Selection

Individual Account

You may add up to 10 beneficiaries for each of these accounts using one of these methods:

Joint Account

- Submit the **Beneficiary Election** form along with your account application (or at any time)
- Log in at ally.com and choose **Profile & Settings**, then **Beneficiaries**
- Call us at 1-877-247-2559

| Product Type              | Quantity | Amount |
|---------------------------|----------|--------|
| SPENDING ACCOUNT          |          | \$     |
| SAVINGS ACCOUNT           |          | \$     |
| MONEY MARKET ACCOUNT      |          | \$     |
| NO PENALTY 11-MONTH CD    |          | \$     |
| RAISE YOUR RATE 2-YEAR CD |          | \$     |
| RAISE YOUR RATE 4-YEAR CD |          | \$     |
| HIGH YIELD 3-MONTH CD     |          | \$     |

| Product Type           | Quantity | Amount |
|------------------------|----------|--------|
| HIGH YIELD 6-MONTH CD  |          | \$     |
| HIGH YIELD 9-MONTH CD  |          | \$     |
| HIGH YIELD 12-MONTH CD |          | \$     |
| HIGH YIELD 18-MONTH CD |          | \$     |
| HIGH YIELD 3-YEAR CD   |          | \$     |
| HIGH YIELD 5-YEAR CD   |          | \$     |
| <b>TOTAL</b>           |          | \$     |

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'll ask for your name, a street address, date of birth, and an identification number, such as a Social Security number or Individual Taxpayer Identification number (ITIN). 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 U.S. citizens and current U.S. residents. By signing and submitting this application, you're acknowledging that you're a U.S. citizen or current resident 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're authorized to use. In addition to manual calling, we may use text messages, prerecorded or artificial voice messages, or automatic dialing systems. We won't charge you for any contact, but your mobile phone service provider may.

## Primary Applicant

I'm an existing Ally Bank customer. Complete all fields.

|   |      |  |   |               |
|---|------|--|---|---------------|
| FIRST NAME  | M.I. | LAST NAME / SUFFIX   | SOCIAL SECURITY OR ITIN                               | DATE OF BIRTH |
| OCCUPATION (IF RETIRED, HOMEMAKER, UNEMPLOYED, OR STUDENT, STATE SO HERE) |      |  | EMPLOYER (IF SELF-EMPLOYED, STATE BUSINESS NAME HERE) |               |
| EMAIL ADDRESS   |      | PERSONAL PHONE   | WORK PHONE  |               |
| COUNTRY OF CITIZENSHIP  |      | RESIDENCY ELECTION FOR TAX PURPOSES ONLY (see the Certification of Taxpayer Identification Number section for definition of Resident for tax purposes) |   |               |
|   |      | Resident (W-9)   | Non-Resident (W-8BEN)                                 |               |



# INDIVIDUAL / JOINT ACCOUNT APPLICATION

## Primary Applicant (continued)

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

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

SECURITY QUESTION

SECURITY ANSWER

MOTHER'S MAIDEN NAME

## Joint Applicant

I'm an existing Ally Bank customer. Complete all fields.

FIRST NAME

M.I.

LAST NAME / SUFFIX

SOCIAL SECURITY OR ITIN

DATE OF BIRTH

OCCUPATION (IF RETIRED, HOMEMAKER, UNEMPLOYED, OR STUDENT, STATE SO HERE)

EMPLOYER (IF SELF-EMPLOYED, STATE BUSINESS NAME HERE)

EMAIL ADDRESS

PERSONAL PHONE

WORK PHONE

COUNTRY OF CITIZENSHIP

RESIDENCY ELECTION FOR TAX PURPOSES ONLY (see the Certification of Taxpayer Identification Number section for definition of Resident for tax purposes)

Resident (W-9)

Non-Resident (W-8BEN)

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

If you're not an Ally Bank customer, provide both a security question with answer (different than mother's maiden name) 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

Your debit card and initial check order should arrive in the mail within 10 business days after we receive your first deposit.

### Spending Account:

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

### Online Access and Statements

The statements for these accounts will be mailed to the address on file for the primary account owner. You can access your statements online anytime by enrolling in online banking. Go to ally.com to set up an ID and password, or call us for help enrolling.



Account Options (continued)

Overdraft Transfer Service links an Ally Bank Money Market Account or Savings Account to your Ally Bank Spending 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.

Money Market Account:

|                  |     |    |
|------------------|-----|----|
| Order Debit Card | Yes | No |
| Order Checks     | Yes | No |

Fund Account(s)

I'm a NEW customer:

Use the check I've enclosed with my application

- Ally Bank doesn't accept cash by mail, courier or ATM, foreign checks/currency, or savings bonds.

I'm an EXISTING customer:

Use the check I've enclosed with my application

- Ally Bank doesn't accept cash by mail, courier or ATM, foreign checks/currency, or savings bonds.

Use funds from an existing Ally Bank Spending Account, Money Market Account, or Savings Account on which I'm the signer

ACCOUNT NUMBER

Initiate an ACH Transfer from a previously registered non-Ally account

I authorize Ally Bank to initiate a one-time ACH debit to the following account:

|                            |                    |                |
|----------------------------|--------------------|----------------|
| FINANCIAL INSTITUTION NAME | ROUTING/ABA NUMBER | ACCOUNT NUMBER |
|----------------------------|--------------------|----------------|

You may change or cancel the ACH transfer by calling us at 1-877-247-2559, unless the transfer status is "In Process" or "Complete."

Account Agreement

Acceptance of Terms and Conditions

By signing below, I agree that if I use and don't close my account within 30 days of opening, it will constitute my agreement to the terms of the Ally Bank Deposit Agreement that will be sent to me after my account is opened. 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.

|                               |      |                             |      |
|-------------------------------|------|-----------------------------|------|
| PRIMARY APPLICANT'S SIGNATURE | DATE | JOINT APPLICANT'S SIGNATURE | DATE |
|-------------------------------|------|-----------------------------|------|

We accept 2 ways to sign: 1) wet ink using a pen or 2) placement of a digital signature. We don't accept typed signatures.

Certification of Taxpayer Identification Number (Form W-9 or W-8BEN)

A Certification of Taxpayer Identification Number Form W-9 or W-8BEN is required for each applicant who doesn't currently have an existing account at Ally Bank. Depending on your taxpayer status, each applicant must complete the appropriate W-9 or W-8BEN form.

- Resident – You're a resident of the United States for tax purposes if you a) are a US citizen, b) meet the green card test, or c) meet the substantial presence test. If you're a resident, you must complete, sign, and return the attached form labeled W-9. Criteria for the green card and substantial presence test can be found at IRS.gov
- Non-Resident – If you don't meet any of the Resident criteria above, then you're not considered a U.S. non-resident for tax purposes. If you're a non-resident for tax purposes, you must visit IRS.gov and download Form W-8BEN. Complete, sign, and attach the Form W-8BEN with your application.



**FORM W-9 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's 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'm waiting for a number to be issued to me), and
2. I'm not subject to backup withholding because: (a) I'm exempt from backup withholding, or (b) I haven't been notified by the Internal Revenue Service (IRS) that I'm 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'm no longer subject to backup withholding; and
3. I'm a U.S. citizen or other U.S. person (including a U.S. resident alien); and
4. The FATCA code(s) entered on this form (if any) indicating that I'm exempt from FATCA reporting is correct.

Ally Bank doesn't collect Foreign Account Tax Compliance Act (FATCA) exemption codes. We're required by law to include the aforementioned certifications but note that number 4 doesn't apply.

**Backup Withholding Instructions**

You must check off the box to the right if you've been notified by the IRS that you're currently subject to backup withholding because you've failed to report all interest and dividends on your tax return.

The Internal Revenue Service doesn't require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Customer Signature

Date



Customer Number  
(Internal Use Only)

Print Name

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Customer Number  
(Internal Use Only)

Print Name