

# RETURN INSTRUCTIONS

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

**Upload/Secure Message**

Log in at [ally.com](https://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

You'll need to provide these documents:

A Certification of Trust OR written Trust agreement documents that include:

- Description of Trust, including the formal name of the Trust, Grantors and Trustees
- Notarized signature pages with Grantor and Trustee signatures. In some states, there may be a separate page completed by the notary
- Amendments to original Trust
- Trustee powers and provisions related to incapacity or death of a Trustee
- List of beneficiaries who will receive the funds if the Grantor of the Trust passes away
- A copy of a death certificate for any Grantors or Trustees who is/are deceased
- For Testamentary Trusts, a copy of the cover page of the Last Will and Testament, portions of the will describing the Trust, signature and notary page of the will.

Trust Information

**Product Type:**       Revocable Trust       Irrevocable Trust

If the Grantor is NOT a Trustee, complete this application with the Grantor's information:

NAME OF THE TRUST (AS IT APPEARS ON THE TRUST AGREEMENT)      DATE OF TRUST AGREEMENT      TAX IDENTIFICATION NUMBER FOR TRUST ACCOUNT(S)

If any Grantor is deceased, provide their name and date of death:

NAME OF DECEASED GRANTOR OF TRUST      DATE OF DEATH OF DECEASED GRANTOR OF TRUST

Account Product and Selection

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		\$
TOTAL		\$

**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 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 are acknowledging that you are 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 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.

## Grantor Trustee Information

Is this Trustee a Grantor?    Yes    No

If so and this is an irrevocable Trust, does the Grantor have retained interest?    Yes    No    If yes, what percentage?    %

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

FIRST NAME	M.I.	LAST NAME / SUFFIX (JR.,SR., III, ETC)			
SOCIAL SECURITY OR ITIN	DATE OF BIRTH	OCCUPATION			
EMPLOYER	EMAIL ADDRESS				
PERSONAL PHONE	WORK PHONE				
COUNTRY OF CITIZENSHIP					
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 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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Trustee Information

Is this Trustee a Grantor? Yes No

If so and this is an irrevocable Trust, does the Grantor have retained interest? Yes No If yes, what percentage? %

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

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

SOCIAL SECURITY OR ITIN DATE OF BIRTH OCCUPATION

EMPLOYER EMAIL ADDRESS

PERSONAL PHONE WORK PHONE

COUNTRY OF CITIZENSHIP

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 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

Trustee Information

Is this Trustee a Grantor? Yes No

If so and this is an irrevocable Trust, does the Grantor have retained interest? Yes No If yes, what percentage? %

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

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

SOCIAL SECURITY OR ITIN DATE OF BIRTH OCCUPATION

EMPLOYER EMAIL ADDRESS

Trustee Information (continued)

PERSONAL PHONE WORK PHONE

COUNTRY OF CITIZENSHIP

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 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

Trustee Information

Is this Trustee a Grantor?  Yes  No

If so and this is an irrevocable Trust, does the Grantor have retained interest?  Yes  No If yes, what percentage?  %

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

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

SOCIAL SECURITY OR ITIN DATE OF BIRTH OCCUPATION

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PERSONAL PHONE WORK PHONE

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RESIDENTIAL CITY STATE ZIP MAILING CITY STATE ZIP



Trustee Information (continued)

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

Additional Services

Debit Card:

Spending Account	Yes	No
Money Market Account	Yes	No

Check Order:

Spending Account	Yes	No
Money Market Account	Yes	No

Overdraft Service Yes No

This service links an Ally Money Market or Savings Account to your Ally Spending Account. Accounts with the same Trust account title may be used for overdraft service. Refer to the Ally Bank Deposit Agreement for a full explanation of this service and applicable fees that may be incurred.

Online Access and Statements

The statement for this account will be mailed to the address on file for the Trust. 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)

If you are a NEW customer:

Enclosed is a check with my application
• Ally Bank does not accept cash deposits, foreign checks/currency, or savings bonds.

If you are an EXISTING customer:

Enclosed is a check with my application
• Ally Bank does not accept cash deposits, foreign checks/currency, or savings bonds.

Use funds from an existing Ally Spending Account, Money Market Account, or Savings Account on which I am 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 877-247-2559, unless the transfer status is "In Process" or "Complete."



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 Trustee, 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.

SIGNATURE

DATE

SIGNATURE

DATE

SIGNATURE

DATE

SIGNATURE

DATE

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

**A Certification of Taxpayer Identification Number Form W-9 or W-8 is required for each Trust, Grantor, and Trustee** who does not currently have an existing account at Ally Bank. Depending on your taxpayer status, each Trust, Grantor, and Trustee must complete, sign, and return the attached Form W-9, if you are a U.S. person (including a resident alien), or Form W-8, if you are a foreign person. For Form W-8 see IRS website.

# CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER FORM W-9

**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 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. The FATCA code(s) entered on this form (if any) indicating that I am 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 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

Date

Customer Number  
(Internal Use Only)

Print Name

**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 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
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Customer Signature

Date

Customer Number  
(Internal Use Only)

Print Name