

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

TRUST ACCOUNT APPLICATION



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 trusts, 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

Provide information about the Trust as well as each Grantor and Trustee named in the Trust Agreement. Information for Grantors is required even if they are not serving as a Trustee.

Product Type: Revocable Trust Irrevocable Trust

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

DATE OF DEATH OF DECEASED GRANTOR

Account Product Type and Selection

Product Type	Quantity	Amount
INTEREST CHECKING		\$
ONLINE SAVINGS ACCOUNT		\$
MONEY MARKET SAVINGS 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. 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.

Grantor/Trustee Information

Is this Trustee a Grantor? Yes No

If Yes 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, 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
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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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Grantor/Trustee Information

Is this Trustee a Grantor? Yes No

If Yes 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, 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

Grantor/Trustee Information

Is this Trustee a Grantor? Yes No

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

SOCIAL SECURITY DATE OF BIRTH OCCUPATION

EMPLOYER EMAIL ADDRESS

Grantor/Trustee 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		
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 (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

Grantor/Trustee Information (continued)

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RESIDENTIAL STREET ADDRESS (NO P.O. BOXES) RESIDENTIAL CITY STATE ZIP

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SECURITY QUESTION SECURITY ANSWER MOTHER'S MAIDEN NAME

Additional Services

Debit Card:

Interest Checking Yes No
 Money Market Savings Yes No

Check Order:

Interest Checking Yes No
 Money Market Savings Yes No

Overdraft Service Yes No

Overdraft Transfer Service links an Ally Money Market or Online Savings account with the same Trust 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 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 Interest Checking, Money Market Account, or Online 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

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 Trust and each Grantor and Trustee.

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.

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)

(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.)

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3. I am a U.S. citizen or other U.S. person (including a U.S. Resident Alien), and
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