

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 CONVERSION REQUEST FORM



Use this form to:

Convert a personal Ally Bank account to an account titled in the name of a Trust.

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

Current Account Holder Information and Authorization

CURRENT ACCOUNT HOLDER NAME(S)

ACCOUNT NUMBER(S)

CURRENT ACCOUNT HOLDER NAME(S)

ACCOUNT NUMBER(S)

For a personal account to be eligible for conversion to the name of a Trust, ALL current account owners must sign below. You acknowledge that the accounts listed above will be re-titled in the name of a Trust. Since the account(s) will convert to an entity, you acknowledge that if you are not designated as a Trustee in the Trust Agreement you will no longer have access to the account and you are giving up direct ownership of the funds as they become property of the Trust listed below. You also acknowledge that any person/entity currently designated as a "Payable on Death" (POD) payee or "In Trust For" (ITF) beneficiary on the accounts listed above will be removed as the Trust Agreement will designate the distribution of assets within the Trust.

SIGNATURE OF CURRENT ACCOUNT HOLDER

SIGNATURE OF CURRENT ACCOUNT HOLDER

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 below:

NAME OF DECEASED GRANTOR

DECEASED GRANTOR DATE OF DEATH

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

Complete if any Trustee named in the Trust is not currently on any of the accounts listed above. For additional Trustees, copy this form and submit for each Trustee.

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 |
|-------------------|-----------------|----------------------|

Account Agreement

Sign if a Trustee is not a current Ally Bank customer.

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

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 each Trust, Grantor and Trustee.

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)