

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/TRUSTEE MAINTENANCE REQUEST FORM



Use this form to:

Add or remove a Trustee from a Trust titled account(s), change the Trust title or Trustee name, or modify information on an existing Trust titled account.

Trust Information

NAME OF THE TRUST (AS IT APPEARS ON THE TRUST AGREEMENT) ACCOUNT NUMBER(S)

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.

Additional Trustee

In addition to this form, attach any supporting documentation verifying that the individual/entity below is a Trustee for the Trust titled account(s) listed above, such as an amendment, letter of appointment, or court order. For additional Trustees, copy this form and submit for each Trustee.

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, Occupation, Employer, and Date of Birth information below.)

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)

TRUST/TRUSTEE MAINTENANCE REQUEST FORM



Additional Trustee (continued)

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

Debit Card:

Spending Account Yes No

Money Market Account Yes No

Check Order:

Spending Account Yes No

Money Market Account Yes No

Remove Trustee

To remove additional Trustees, copy this form and submit for each Trustee.

For each Trustee that is being removed:

- Provide his or her name and select the reason for removal.
- Attach any supporting documentation such as a death certificate, court order, trust documents or physician notification

FIRST NAME

M.I.

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

Removal Reason: Death Incapacity Resignation Other (explain)

A) Is a new Taxpayer Identification Number (SSN/TIN) being used because of the removal of a Trustee? Yes No

SSN (XXX-XX-XXXX) / TIN (XX-XXXXXXX)

If Yes, provide the Taxpayer Identification Number: SSN TIN

B) Is a change of address required because of the removal of a Trustee? Yes No

If Yes, provide the new address for the Trust below:

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

PRIMARY TRUST CONTACT NAME

PRIMARY CONTACT PHONE

TRUST/TRUSTEE MAINTENANCE REQUEST FORM



Trust Title Change

If the title of the Trust has been modified, provide a copy of the Trust Amendment noting the change of title.

If the Taxpayer Identification Number is changing, enter it here:

NEW TRUST TITLE

TAXPAYER IDENTIFICATION NUMBER

Trustee Name Change

If a trustee is changing their name, provide a copy of:

- Valid identification or formal documentation showing the name change and
- The Trust Amendment (if applicable)

Any name changes will take effect on other Ally Bank accounts for which the Trustee is a signer.

CURRENT TRUSTEE NAME

NEW TRUSTEE NAME

Account Agreement

Acceptance of Terms and Conditions

By signing below you are giving Ally Bank permission to make the necessary modifications to the Trust or Trustees' information on the account(s) listed above. If a Trustee is being added to an account and is not a current Ally Bank customer, you 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. For maintenance requests that involve changes to a Trust name or Taxpayer Identification Number, complete a new signature card to re-certify the Trust Taxpayer Identification Number and to obtain a new signature.

TRUSTEE SIGNATURE

DATE

EMAIL

PHONE

TRUSTEE SIGNATURE

DATE

EMAIL

PHONE

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.

TRUSTEE SIGNATURE

Date

**SIGN
HERE**

NAME OF
TRUST

Customer Number
(Internal Use Only)