



OWNERSHIP VERIFICATION FORM

To: Ally Bank (Ally Capital in Hawaii, Mississippi, Montana and New Jersey) ("Bank") and Ally Financial Inc. ("Ally Financial") (collectively, "Ally").

The Entity named below currently conducts or intends to conduct business with Ally. Due to new federal regulations^(a) applicable to Ally, Ally is requesting the Entity to provide additional information (set forth below) for (1) each natural person that owns 25% or more of the Entity and (2) the individual with significant managerial control over the Entity (i.e., the primary decision maker).

(a) Reference: U. S. Department of the Treasury FinCEN Customer Due Diligence Requirements for Financial Institutions Dated May 11, 2016.

ENTITY INFORMATION				
Legal Name: _____				
Trade Name(s): _____				
U.S. Tax ID #: _____				
Type of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other				
Street Address: _____ City: _____ State: _____ Zip: _____				
OWNERSHIP - Please check the "Managerial Control" box once for the individual with significant managerial control (primary decision maker), if applicable				
Owner 1:	U.S. Person* <input type="checkbox"/> Yes <input type="checkbox"/> No	Ownership %*:	Title:	<input type="checkbox"/> Managerial Control
Full Legal Name*:		Date of Birth*:		Social Sec.#/ITIN*:
Street Address*:		City*:	State*:	Zip Code*:
Owner 2:	U.S. Person* <input type="checkbox"/> Yes <input type="checkbox"/> No	Ownership %*:	Title:	<input type="checkbox"/> Managerial Control
Full Legal Name*:		Date of Birth*:		Social Sec.#/ITIN*:
Street Address*:		City*:	State*:	Zip Code*:
Owner 3:	U.S. Person* <input type="checkbox"/> Yes <input type="checkbox"/> No	Ownership %*:	Title:	<input type="checkbox"/> Managerial Control
Full Legal Name*:		Date of Birth*:		Social Sec.#/ITIN*:
Street Address*:		City*:	State*:	Zip Code*:
Owner 4:	U.S. Person* <input type="checkbox"/> Yes <input type="checkbox"/> No	Ownership %*:	Title:	<input type="checkbox"/> Managerial Control
Full Legal Name*:		Date of Birth*:		Social Sec.#/ITIN*:
Street Address*:		City*:	State*:	Zip Code*:
Individual with Significant Managerial Control (if not an Owner)			Title:	U.S. Person* <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Legal Name*:		Date of Birth*:		Social Sec.#/ITIN*:
Street Address*:		City*:	State*:	Zip Code*:
Complete this section if a Non-U.S. Person without a Social Security Number or Individual Taxpayer Identification Number (ITIN): Provide a Passport Number and Country of Issuance. In lieu of a passport, a Non-U.S. Person may also provide an Alien ID card number, or number and country of issuance of any other government-issued documents evidencing nationality or residence and bearing a photograph or similar safeguard.				
Owner # _____ or <input type="checkbox"/> Control Individual	Identification Type*: <input type="checkbox"/> Non-U.S. Passport <input type="checkbox"/> Non-U.S. Other ID		Number*:	Country of Issuance*:

+ A U.S. person is (1) a United States citizen or (2) a person other than an individual (such as a corporation, partnership or trust) that is established or organized under the laws of a State or the United States.

* Required information for all owners with at least 25% equity ownership interest and for the individual with significant managerial control.

Note: For non-individual entities (i.e., trusts; holding companies) with 25% or more equity ownership interest, additional information is needed. See addendums.

USA PATRIOT Act Notice:

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT AT OR ESTABLISHING A RELATIONSHIP WITH ALLY BANK AND/OR ALLY FINANCIAL Entities: To help the United States Government fight terrorism and money laundering, Federal law requires us to obtain, verify and record information that identifies each business or entity, which opens an account or establishes a relationship. What this means for you: when you open an account or establish a relationship, we will ask for your business/entity name, a street address, a tax identification number, and identifying documents as required to allow us to identify and verify your business/entity. We appreciate your cooperation.

Individuals: 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 that opens an account. What this means for you: when you open an account, we will ask for your name, a street address, date of birth and an identification number, such as a Social Security Number, that Federal law requires us to obtain. We may also ask to see your driver's license or other identifying documents that will allow us to identify you. We appreciate your cooperation.

SIGNATURE / ATTESTATION (Individual signing below must have authority to open an account on behalf of the Entity)

Entity Legal Name: _____ Date: _____

I, _____ (printed name of natural person representing the above entity), _____ (title)
hereby certify, to the best of my knowledge, that the information provided above and any attached Addendums is complete and correct.

Authorized Signature: _____

HOLDING COMPANY ADDENDUM

Holding Company Legal Name: _____ (“Holding Company”)

OWNERSHIP

Full Legal Name*	% Owned*	Title/Position	Physical Address*	Social Sec #*	Date of Birth*	Managerial Control (X)
TOTAL	100%					

CONTROL - Indicate the one owner above who exercises significant managerial control over the holding company; if not an owner, complete the section below.

Full Legal Name*	Title/Position*	Physical Address*	Social Sec #*	Date of Birth*

** Required information for all owners with at least 25% equity ownership interest and for the individual with significant managerial control.*

Dated this ____ day of _____, 20____.

(Print Name)

(Signature)

_____ for _____
(Title) (Holding Company Name)

CERTIFICATE OF TRUST EXISTENCE ADDENDUM

The undersigned _____ ***hereby certifies:***
(Print Name)

1. ***I am the*** _____ ***for the Trust identified below.***
(Title)

2. ***The name and address of the Trust subject to this Certificate is:***

3. ***The Trust named above is a:***
 Personal / Family Trust
 Statutory Trust (created by filing with the Secretary of State or similar office)

4. ***Trustee(s):***

Full Legal Name*	Physical Address*	Social Sec #*	Date of Birth*

* Required information from all Trustees.

5. ***The taxpayer identification number of the Trust is:***

6. ***The named beneficiaries of the Trust is/are:***

7. ***The Trust contains the following additional named parties:***

8. ***To the best of my knowledge, the Trust remains in full force and effect as of the date hereof.***

Dated this ___ day of _____, 20__.

(Print Name)

(Signature)

_____ ***for the Trust***
(Title)