

Return this form with any attached documentation using one of these methods

Online

Log in at ally.com and select Email, or log in on our mobile app and select ☑ . Attach the form to your message.

Mail
Ally Bank
P.O. Box 951
Horsham, PA 191044

■ Fax

Subject Line: Operations Fax Number: 866-699-2969

You'll need to provide these documents:

- · A copy of Death Certificate and
- · A copy of Letters of Testamentary, probate or court document naming the executor/executrix of the estate

Estate Information

NAME OF DECEASED PERSON

TAX IDENTIFICATION NUMBER FOR ESTATE

Account Product and Selection

| Product Type | Quantity | Amount |
|-----------------------|----------|--------|
| SPENDING ACCOUNT | | \$ |
| SAVINGS ACCOUNT | | \$ |
| MONEY MARKET ACCOUNT | | \$ |
| HIGH YIELD 3-MONTH CD | | \$ |

| Product Type | Quantity | Amount |
|------------------------|----------|--------|
| HIGH YIELD 6-MONTH CD | | \$ |
| HIGH YIELD 9-MONTH CD | | \$ |
| NO PENALTY 11-MONTH CD | | \$ |
| TOTAL | | \$ |

Note: When a CD is opened for deposit of Estate funds, an early withdrawal penalty applies if the CD is closed prior to maturity.

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.



| Executor/Executrix Information |) ————— | | | | |
|--|--------------------------|--|--|---|--------------------|
| | | like to use my inform | nation already on file. (Complete only N | ame, Occupation, E | mployer, Social |
| Security, Date of Birth information | n 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) | | | |
| RESIDENTIAL STREET ABBRESS (NOT 8 B | 07, 000., 01(1-1) (12.01 | (01) | WALLING STREET ADDRESS (III DII FEREIX | T TT T | -1 |
| RESIDENTIAL ADDRESS LINE 2 | | MAILING ADDRESS LINE 2 | | | |
| | | | | | |
| RESIDENTIAL CITY | STATE | ZIP | MAILING CITY | STATE | ZIP |
| | | | | | |
| If you are not an Ally Bank customer, p | rovide a security qu | estion with answer ar | nd mother's maiden name that may be u | sed to identify you w | hen contacting us. |
| SECURITY QUESTION | | | SECURITY ANSWER | MOTHER'S MAIDEN | N NAME |

| Evecutor/Evec | a atreix L | nformation | |
|---------------|------------|------------|--|

EXECUTOR/EXECUTRIX SIGNATURE

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

DATE

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



| | Executor/ | Executrix | Information | (continued) |) |
|--|-----------|-----------|-------------|-------------|---|
|--|-----------|-----------|-------------|-------------|---|

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

EXECUTOR/EXECUTRIX SIGNATURE DATE

Account Options

Spending Account: Money Market Account:

Order Debit Card Yes No Order Debit Card Yes No
Order Checks Yes No Order Checks Yes No
Add Overdraft Service Yes No

Overdraft Transfer Service links an Ally Money Market or Savings Account with the same Estate account title to your Ally Spending 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 statements for these accounts will be mailed to the address on file for the Estate. 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) -

Enclosed is a check with my application

• Ally Bank does not accept cash deposits, foreign checks/currency, or savings bonds.

As the executor/executrix of the estate, I authorize full liquidation of all deposit assets in the Ally Bank deceased account holder's name to fund the new estate account(s), unless there is a beneficiary named on the account.

ACCOUNT NUMBER(S)



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 the representative of the estate listed above, 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.

EXECUTOR/EXECUTRIX SIGNATURE

DATE

EXECUTOR/EXECUTRIX 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 applicant who does not currently have an existing account at Ally Bank. Depending on your taxpayer status, each applicant 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



ESTATE TIN CERTIFICATION:

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.

SIGN HERE Customer Signature

Date

Customer Number (Internal Use Only)

Print Name

EXECUTOR/TRIX TIN CERTIFICATION:

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
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SIGN HERE **Customer Signature**

Date

Customer Number (Internal Use Only)