

Return this form with any attached documents using one of these methods:

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

Mail Ally Bank PO Box 951 Horsham, PA 19044 Fax Subject Line: Operations Fax Number: 866-699-2969

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

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'll 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're acknowledging that you're 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're authorized to use. In addition to manual calling, we may use text messages, prerecorded or artificial voice messages, or automatic dialing systems. We won't charge you for any contact, but your mobile phone service provider may.

Add 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	e Trust, do	es the Grantor have retained interest?	Yes	No	If yes, what percentage?	%	
I'm an existing Ally Bank customer. Complete all fields.							
FIRST NAME	M.I.	LAST NAME / SUFFIX	SOCIAL SE	CURITY OR ITIN	DATE OF BIRTH		
OCCUPATION (IF RETIRED, H STATE SO HERE)	OMEMAKE	ER, UNEMPLOYED, OR STUDENT,	EMPLOYER	R (IF SELF-EMPL	OYED, STATE BUSINESS NAM	E HERE)	
EMAIL ADDRESS			PERSONAL	PHONE	WORK PHONE		
COUNTRY OF CITIZENSHIP			Taxpayer Ide		OR TAX PURPOSES ONLY (see t er section for definition of Resident Non-Resident (W-8BEN)		
RESIDENTIAL STREET ADDRI	ESS (NO P	O BOX, BUS., OR MAIL DROP)		· · · ·	SS (IF DIFFERENT THAN RESID	ENTIAL)	



 Add Trustee (continued) 							
RESIDENTIAL ADDRESS LINE 2	2		MAILING ADDRESS LINE 2	MAILING ADDRESS LINE 2			
RESIDENTIAL CITY	STATE	ZIP	MAILING CITY	STATE	ZIP		
If you're not an Ally Bank customer, provide both a security question with answer (different than mother's maiden name) and mother's maiden name that may be used to identify you when contacting us.							
SECURITY QUESTION			SECURITY ANSWER	МОТН	ER'S MAIDEN NAME		
Debit Card:			Check Order:				
Spending Account	Yes No		Spending Account	Yes No			
Money Market Account	Yes No		Money Market Account	Yes No			
- Remove Trustee ———							
To remove additional Trustees	s. copy this form a	nd submit for each T	rustee.				
To remove additional Trustees, copy this form and submit for each Trustee.							
For each Trustee that's being removed:							
Provide his or her name and select the reason for removal.							
 Attach any supporting docu 	mentation such as	a death certificate,	court order, trust documents or physiciar	1 notification			
FIRST NAME	M.I. LA	ST NAME / SUFFIX					
Removal Reason: Death	Incapacity	Resignation	Other (explain)				
A) Is a new Taxpayer Identifica	tion Number (SS	N/TIN) being used be	ecause of the removal of a Trustee?	Yes No			
			SSN (XXX-XX-XXXX) / TIN (XX-	XXXXXXX)			
If Yes, provide the Taxpayer	Identification Nu	mber: SSN	TIN				
B) Is a change of address requ	ired because of t	ne removal of a Trust	tee? Yes No				
If Yes, provide the new address for the Trust below:							
RESIDENTIAL STREET ADDRES			MAILING STREET ADDRESS (I	F DIFFERENT THAN R	ESIDENTIAL)		
RESIDENTIAL ADDRESS LINE 2	!		MAILING ADDRESS LINE 2				
RESIDENTIAL CITY	STATE	ZIP	MAILING CITY	STATE	ZIP		
PRIMARY TRUST CONTACT NA	ME		PRIMARY CONTACT PHONE				

GIV TRUST/TRUSTEE MAINTENANCE REQUEST

 Change Trust Title 							
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 IDENTIFI	ICATION NUMBER				
 Trustee Name Change ——— 							
If a trustee is changing their name, prov	vide 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 NAM	IE				
- Account Agreement							
Acceptance of Terms and Conditions	S						
By signing below I'm 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 isn't a current Ally Bank customer, I authorize Ally Bank 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				
We accept 2 ways to sign: 1) wet ink using a pen or 2) placement of a digital signature. We don't accept typed signatures.							
- Certification of Taxpayer Identification Number (Form W-9 or W-8BEN)							

A Certification of Taxpayer Identification Number Form W-9 or W-8BEN is required for each Trust, Grantor, and Trustee who doesn't currently have an existing account at Ally Bank. Depending on your taxpayer status, each Trust, Grantor, and Trustee must complete the appropriate W-9 or W-8BEN form.

- Resident You're a resident of the United States for tax purposes if you a) are a U.S. citizen, b) meet the green card test, or c) meet the substantial presence test. If you're a resident, you must complete, sign, and return the attached form labeled W-9. Criteria for the green card and substantial presence test can be found at IRS.gov.
- Non-Resident If you don't meet any of the Resident criteria above, then you're not considered a U.S. non-resident for tax purposes. If you're a
 non-resident for tax purposes, you must visit IRS.gov and download Form W-8BEN. Complete, sign, and attach the Form W-8BEN with your
 application.

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's 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'm waiting for a number to be issued to me); and

- 2. I'm not subject to backup withholding because: (a) I'm exempt from backup withholding, or (b) I haven't been notified by the Internal Revenue Service (IRS) that I'm 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'm no longer subject to backup withholding; and
- 3. I'm a U.S. citizen or other U.S. person (including a U.S. resident alien); and

Customer Signature

4. The FATCA code(s) entered on this form (if any) indicating that I'm 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've been notified by the IRS that you're currently subject to backup withholding because you've failed to report all interest and dividends on your tax return.

The Internal Revenue Service doesn't require your consent to any provision of this document other than the certifications required to avoid backup withholding.



Print Name

Date

Customer Number (Internal Use Only)