



INVESTMENT FORM

INSTRUCTIONS:

To participate in Demand Notes, please carefully complete and sign this investment form and mail it along with your initial investment check (personal check only) to:

Ally Demand Notes
The Northern Trust Company
PO Box 75707
Chicago, IL 60675-5707

IMPORTANT INFORMATION ABOUT PROCEDURES FOR AN INITIAL INVESTMENT

To help fight the funding of terrorism and money-laundering activities, the U.S. Government has passed the USA Patriot Act, which requires banks, including the Ally Demand Notes processing agent bank, to obtain, verify and record information that identifies persons who engage in certain transactions with or through a bank. This means that, in order for us to open an Ally Demand Notes investment for you, we will need to collect the information solicited on this investment form for ALL PERSONS listed on the note.

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TELL US WHICH ELIGIBILITY CATEGORY BEST DESCRIBES YOU: (Please fill in the corresponding category number)

- 01 Ally Salary Employee
- 02 Ally Hourly Employee
- 03 Ally Financed Dealer (Retail or Wholesale)
- 04 Ally Retiree
- 05 Immediate Family Member of Eligible Ally Employee or Ally Retiree
- 06 Employee of Ally Subsidiary
- 07 Employee of Ally Financed Dealer

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TYPE OF REGISTRATION: Under Federal tax law, you must provide us with your Social Security or other taxpayer identification number, a certification that the number provided is correct and a certification that you are not subject to backup withholding. You must do this by completing the appropriate sections indicated on this form. Failure to furnish and certify your correct taxpayer identification number will result in 28% of the interest credited to your Demand Notes being withheld and paid to the Internal Revenue Service.

Individual Joint Custodial Trust Corporate (Check one type and complete information below)

A. Primary Owner Enter information for individual owner, primary owner of a joint note, trustee or custodian.

OWNER (FIRST, MIDDLE, LAST) _____ SOCIAL SECURITY NUMBER _____

DRIVER'S LICENSE NUMBER / STATE ID NUMBER _____ STATE _____ DATE OF BIRTH (MM/DD/YYYY) _____

MOTHER'S MAIDEN NAME (FOR SECURITY) _____ OCCUPATION _____ EMAIL ADDRESS _____

RESIDENTIAL ADDRESS (U.S. ADDRESS ONLY / NO PO BOXES) _____ CITY _____ STATE _____ ZIP CODE _____

() _____ () _____

HOME PHONE NUMBER _____ WORK PHONE NUMBER _____

ANNUAL INCOME: UNDER \$50,000 \$50,000 - \$100,000 ABOVE \$100,000

B. Joint Owner Enter information for joint owners and co-trustees. (ALL OWNERS DEEMED TO BE JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP)

JOINT OWNER (FIRST, MIDDLE, LAST) _____ SOCIAL SECURITY NUMBER _____

DRIVER'S LICENSE NUMBER / STATE ID NUMBER _____ STATE _____ DATE OF BIRTH (MM/DD/YYYY) _____

MOTHER'S MAIDEN NAME (FOR SECURITY) _____ OCCUPATION _____ EMAIL ADDRESS _____

RESIDENTIAL ADDRESS (U.S. ADDRESS ONLY / NO PO BOXES) _____ CITY _____ STATE _____ ZIP CODE _____

() _____ () _____

HOME PHONE NUMBER _____ WORK PHONE NUMBER _____

ANNUAL INCOME: UNDER \$50,000 \$50,000 - \$100,000 ABOVE \$100,000

Note: If there are more than two owners for this Demand Note, you must provide the same information (as requested above) on a separate piece of paper or use a second copy of this form. Signatures of all owners are required. The maximum number of owners per Demand Notes is six.

C. Custodial Under Uniform Gift to Minors Act, enter minors information here. Custodian information should be above.

MINOR'S NAME (FIRST, MIDDLE, LAST) _____ MINOR'S STATE OF RESIDENCE _____

MINOR'S DATE OF BIRTH (MM/DD/YYYY) (Under 18) _____ MINOR'S SOCIAL SECURITY NUMBER _____

RESIDENTIAL ADDRESS (U.S. ADDRESS ONLY/NO PO BOXES) _____ CITY _____ STATE _____ ZIP CODE _____

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TYPE OF REGISTRATION CONTINUED

D. Trust (Required: Copies of first three and last three pages of trust document and any additional pages naming the trustees must be included with this form.)

TRUST TITLE _____

DATE OF TRUST AGREEMENT _____ TRUST TAX ID NUMBER _____

E. Corporation, LLC, Partnership or Association (Required: An original Corporate Resolution form must be included with this form. To obtain a corporate resolution, go to www.demandnotes.com or call 800-684-8823.)

NAME OF CORPORATION, LLC, PARTNERSHIP OR ASSOCIATION _____ TAX ID NUMBER _____

TYPE OF BUSINESS _____ STATE OF REGISTRATION _____ ESTABLISHED DATE _____

DBA (DOING BUSINESS AS), IF ANY _____ # OF EMPLOYEES _____ ANNUAL SALES REVENUE _____

PRINCIPAL BUSINESS ADDRESS (U.S. ADDRESS ONLY/NO PO BOXES) _____ CITY _____ STATE _____ ZIP CODE _____

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ADDRESSES

A. Mailing Address If different than residential address above. Used for checks and all mailings. (U.S. address only — All information is required)

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

B. Seasonal Address If applicable. Used for checks and all mailings. (U.S. address only. No PO Boxes — All information is required; please leave blank if you do not have a seasonal address.)

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

SEASONAL ADDRESS START DATE (MM/DD/YYYY) _____ SEASONAL ADDRESS END DATE (MM/DD/YYYY) _____ PHONE NUMBER () _____

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INITIAL INVESTMENT

Enclosed is my personal check for \$ _____ (\$1,000 minimum) made payable to Ally Demand Notes.

Personal checks only. Demand Notes will not accept cashier's checks, third-party checks, traveler's checks, money orders, starter checks, cash or credit card checks.

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ELECTRONIC INVESTMENT OPTIONS

These options allow you to transfer money from a designated bank account to your Demand Notes. You can initiate these options online at www.demandnotes.com or by calling the service center at 800-684-8823.

Automated Clearing House (ACH): There is a \$50.00 minimum per ACH. Funds are available for redemption on the sixth business day after the date of credit. Your bank may charge you for this service.

Automatic Monthly ACH Investment: Investment of \$ _____ will occur on or about the _____ day of each month from _____

Bank Account A or Bank Account B

Additional Automatic Monthly ACH Investment: Investment of \$ _____ will occur on or about the _____ day of every month from _____

Bank Account A or Bank Account B

On Request ACH Investment: This will allow you to transfer money from a designated bank account to your Demand Notes. To initiate a transfer you can log into your account online at www.demandnotes.com or call the service center at 800-684-8823.

Please select either: Bank Account A or Bank Account B

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INVESTMENT OPTIONS CONTINUED

ELECTRONIC INVESTMENT OPTIONS BANK DESIGNATION(S)

Bank Account A This must be completed if you are adding Bank Account A for one of the investment options above. Attach a voided check for a checking account or a deposit slip for a savings account. At least one of the names on the deposit slip or voided check must match at least one of the registered owners of this Demand Note.

Please check one type of account only: Checking Savings

NAME(S) OF ACCOUNT HOLDER(S)

BANK NAME

CITY, STATE, ZIP CODE

BANK ACCOUNT NUMBER

ABA ROUTING NUMBER (9 DIGITS)

()

BANK PHONE NUMBER

Bank Account B This must be completed if you are adding Bank Account B for one of the investment options above. Attach a voided check for a checking account or a deposit slip for a savings account. At least one of the names on the deposit slip or voided check must match at least one of the registered owners of this Demand Note.

Please check one type of account only: Checking Savings

NAME(S) OF ACCOUNT HOLDER(S)

BANK NAME

CITY, STATE, ZIP CODE

BANK ACCOUNT NUMBER

ABA ROUTING NUMBER (9 DIGITS)

()

BANK PHONE NUMBER

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REDEMPTION OPTIONS

These options allow you to transfer money from your Demand Notes to your designated bank account(s). Indicate your designated bank account information in the shaded box below. Bank accounts may be the same or different from those listed above. Even if accounts are the same, please list them again on the following page.

Redemption Checks A checkbook will be mailed to the registered address.

On Request ACH Redemption Allows you to redeem funds (\$250 minimum) electronically from your Demand Notes. The funds will be electronically sent via ACH to the bank that you have designated. Your bank may charge you for this service.

Please select one or both: **Bank Account C** **and/or** **Bank Account D**

Automatic ACH Redemption Allows you to redeem a portion of your Demand Notes on a monthly or quarterly basis (\$100 minimum). Fill in the amount you would like to redeem and whether you would like to receive it on a monthly or quarterly basis. The funds will be electronically sent via ACH to the bank that you have designated.

I authorize the processing agent to redeem \$ _____ every

Month **Quarter** (March, June, September, December)

Bank Account C **or** **Bank Account D**

Monthly Interest ACH Redemption Allows you to redeem the monthly interest on your Demand Notes. The funds will be electronically sent via ACH to the bank that you have designated.

Bank Account C **or** **Bank Account D**

Wire Transfer (\$1,000 Minimum) If you select this option, you may have your funds wired to a predesignated bank account upon your request. With this option, you authorize the processing agent to act on telephone instructions received by a customer service representative. Your bank may charge for this service.

Please select one or both: **Bank Account C** **and/or** **Bank Account D**



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REDEMPTION OPTIONS BANK DESIGNATION(S)

Bank Account C This must be completed if you are adding Bank Account C for one of the redemption options above. Attach a voided check for a checking account or a deposit slip for a savings account.

Please check one type of account only: Checking Savings

NAME(S) OF ACCOUNT HOLDER(S)	BANK ACCOUNT NUMBER
BANK NAME	ABA ROUTING NUMBER (9 DIGITS)
CITY, STATE, ZIP CODE	BANK PHONE NUMBER

Bank Account D This must be completed if you are adding Bank Account D for one of the redemption options above. Attach a voided check for a checking account or a deposit slip for a savings account.

Please check one type of account only: Checking Savings

NAME(S) OF ACCOUNT HOLDER(S)	BANK ACCOUNT NUMBER
BANK NAME	ABA ROUTING NUMBER (9 DIGITS)
CITY, STATE, ZIP CODE	BANK PHONE NUMBER

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SIGNATURES AND TAXPAYER CERTIFICATION

By signing this form, I certify that I have reviewed, and agree to be bound by the terms and description of Ally Demand Notes as contained in the Prospectus, and acknowledge that the Ally Demand Notes Committee has the full power and authority to amend the Program, to interpret its provisions, to adopt rules and regulations in connection with the Program, and to set and adjust the rate of interest to be paid on the Ally Demand Notes, all as described in the Prospectus. I have legal capacity and meet the eligibility requirements to invest in Ally Demand Notes pursuant to this investment form.

Further, under penalties of perjury, I certify that the Social Security or taxpayer identification number provided on this form is correct and that I am a U.S. person (including a U.S. resident alien). Unless the box below is checked, I am not subject to backup withholding because I have not been notified by the Internal Revenue Service that I am subject to such withholding, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. Check box below if applicable.

I am subject to backup withholding under provisions of Section 3406(a)(1)(C) of the Internal Revenue Service Code.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

WRITTEN SIGNATURE (INDIVIDUAL, CUSTODIAN, CORPORATION OR TRUSTEE)	PRINTED NAME	DATE
WRITTEN SIGNATURE OF JOINT OWNER(S) OR CO-TRUSTEE(S) (IF APPLICABLE)	PRINTED NAME	DATE

Before you return your completed Form, please review the following checklist to ensure you are providing all the information necessary to begin your Demand Notes Investment.

CHECKLIST

- Complete all of the required information on the Investment Form.
- Verify all owners have signed and dated the Form. (We do not accept facsimile signatures.)
- Attach any necessary forms (trust documents, corporate resolutions, etc.)
- Include your personal check for the initial investment (minimum \$1,000) made payable to Ally Demand Notes.

If all of the required information is not included/completed, the Investment Form and initial investment will be returned to the registered address. A letter will be included explaining what is missing.

Return to:
Ally Demand Notes
The Northern Trust Company
PO Box 75707
Chicago, IL 60675-5707

Overnight:
Ally Demand Notes
The Northern Trust Company
801 S Canal Street, C2N
Chicago, IL 60607

Call 800-684-8823 with any questions regarding this form, M-F from 8:30 a.m. to 7 p.m. ET. Additional forms can be found online at www.demandnotes.com.