

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

ADD ADDITIONAL ACCOUNT OWNER



Use this form to add an owner to an existing individual or joint account

Current Account Owner

CURRENT ACCOUNT OWNER NAME

ACCOUNT NUMBER(S)

By signing below you are authorizing Ally Bank to add the individual below as a joint account owner to the account(s) listed above.

CURRENT ACCOUNT OWNER'S SIGNATURE

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 is an owner of 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. 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 legal U.S. residents. By signing and submitting this application, you are acknowledging that you are a U.S. citizen or resident alien 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.

New Additional Account Owner

TO BE COMPLETED BY THE NEW JOINT ACCOUNT OWNER

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 Number, Date of Birth, Residential Address and Mailing Address information below then continue to the Additional Services section.

FIRST NAME

M.I.

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

OCCUPATION

EMPLOYER

SOCIAL SECURITY NUMBER

DATE OF BIRTH

EMAIL ADDRESS

PERSONAL PHONE

WORK PHONE

RESIDENTIAL STREET ADDRESS (NO P.O. BOXES)

MAILING STREET ADDRESS (IF DIFFERENT THAN RESIDENTIAL)

RESIDENTIAL ADDRESS LINE 2

MAILING ADDRESS LINE 2

RESIDENTIAL CITY

STATE

ZIP

MAILING CITY

STATE

ZIP

COUNTRY OF CITIZENSHIP

New Additional Account Owner (continued)

If you have been at the above address for less than 5 years, provide a prior residential address and a copy of one of the following for address verification: Driver's License, state issued ID card or utility bill (not greater than 60 days).

RESIDENTIAL STREET ADDRESS (NO PO BOXES)

RESIDENTIAL 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

Additional Services

Provide the new joint account owner a debit card for the account(s) listed above

Send a new check order for the account(s) listed above

Account Agreement

TO BE COMPLETED BY THE NEW JOINT ACCOUNT OWNER

Acceptance of Terms and Conditions

By signing below and agreeing to become a joint owner of the account(s), you agree to the terms of the Ally Bank Deposit Agreement that will be sent to you within 10 days of being added to the account(s). 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.

NEW ADDITIONAL ACCOUNT OWNER'S SIGNATURE

DATE

Certification Of Taxpayer Identification Number

Complete and sign the attached **Certification of Taxpayer Identification Number** form if you currently have no **existing** accounts at Ally.

A **Certification of Taxpayer Identification Number** form is required for each account owner.

CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER



FORM W9 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 (TIN) which should match the first name listed on the account and will be used for tax reporting purposes. For other entities, it is your Employee Identification Number.)

I. SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER

II. 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. I am exempt from Foreign Account Tax Compliance Act Reporting.

Backup Withholding Instructions

You must check off this box 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.

SIGNATURE

PRINT NAME

DATE

CUSTOMER NUMBER (INTERNAL USE ONLY)