FAX, MAIL, UPLOAD



Return to:

Return this form with any attached documents to us in your Secure Messages. Once you log in, choose Email / Bank Accounts / Send a New Secure Message.

You can also mail or fax it.

Mail

Ally Bank PO Box 951 Horsham, PA 19044

Fax

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

ESTATE ACCOUNT APPLICATION



Provide us the documents below:

- · A completed Estate Account Application and Signature Card
- · A copy of Death Certificate
- · A copy of Letters of Testamentary, probate or court document naming the executor/executrix of the estate

Tell us about the estate account you would like to open

NAME OF DECEASED PERSON

TAX IDENTIFICATION NUMBER FOR ESTATE

Tell us what type of product(s) you would like to open

Product Type	Quantity	Amount
INTEREST CHECKING		\$
ONLINE SAVINGS ACCOUNT		\$
MONEY MARKET SAVINGS ACCOUNT		\$
HIGH YIELD 3-MONTH CD		\$
HIGH YIELD 6-MONTH CD		\$

Product Type	Quantity	Amount
HIGH YIELD 9-MONTH CD		\$
HIGH YIELD 11-MONTH CD		\$
HIGH YIELD 12-MONTH CD		\$
NO PENALTY 11-MONTH CD		\$
TOTAL		\$

Executor/Executrix Information

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: 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. 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.

Executor/Executrix Information

I am an existing Ally Bank account owner and would like to use my information already on file.

(Please complete only Name, Social Security Number, and Date of Birth information below.)

FIRST NAME M.I. LAST NAME / SUFFIX SOCIAL SECURITY NUMBER DATE OF BIRTH

EMAIL ADDRESS HOME PHONE BUSINESS PHONE MOBILE PHONE

RESIDENTIAL STREET ADDRESS (NO PO BOXES)

MAILING STREET ADDRESS (IF DIFFERENT THAN RESIDENTIAL)

RESIDENTIAL ADDRESS LINE 2 MAILING ADDRESS LINE 2

ESTATE ACCOUNT APPLICATION



Executor/Executrix Information	(continued) -					
RESIDENTIAL CITY	STATE	ZIP	MAILING CITY		STATE	ZIP
COUNTRY OF CITIZENSHIP						
Provide a prior residential address if the					vide a copy of	f one of the following
for address verification: Driver's Licens RESIDENTIAL STREET ADDRESS (NO PC		Card of Offilly B	RESIDENTIAL CITY	195).	STATE	ZIP
NEODENTIAL OTHER TABLETO (NOT C	, BOXEO,		TREGIBERTINE OFFT			
Security Information: Provide a secu	rity guestion with	answer and meth	or's maidon name that m	av ha usad ta idantif	iv vou whon co	ontacting us
SECURITY QUESTION	nty question with	answer and moun	SECURITY ANSWER	ay be used to identifi		R'S MAIDEN NAME
]			
Fund Account(s)						
☐ I have enclosed a check with my a	application					
 Note we are unable to accept ca 	ash deposits, forei	gn checks/curren	cy, or savings bonds.			
As the executor/executrix of the ethe new estate account(s).	state, I authorize f	ull liquidation of a	Il deposit assets in the Al	ly Bank deceased a	ccount holder's	s name to fund
ACCOUNT NUMBER						
Additional Services						
Debit Card Requested:	Пи	Check Order Requested:		□ No	Overdraft Service?	
Interest Checking Yes Money Market Savings Yes	∐ No □ No	Interest Check Money Marke		∐ No □ No	Yes	∐ No
,	_	-		<u> </u>		
The overdraft service links an Ally Money Market or Online Savings account to your Ally Interest Checking account. Accounts with the same estate account title may be used for overdraft service. Refer to Ally Bank's Deposit Agreement for a full explanation of this service and applicable fees that may be incurred.						
Account Agreement						
Acceptance of Terms and Condition	s					
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	DAT	E	EXECUTOR/EXECUT	RIX SIGNATURE	D	PATE
Certification Of Taxpayer Identification Number						
Complete and sign the attached Certification of Taxpayer Identification	ication of Taxpay	yer Identification	-	rently have no exist	ing accounts	at Ally.

Ally Bank Member FDIC

QUESTIONS? CALL 1-877-247-2559 OR VISIT ALLY.COM

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 (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.)

SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER:

A.

- 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. 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.

CUSTOMER SIGNATURE	NAME	DATE	(INTERNAL USE ONLY)