

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 12-MONTH CD		\$
NO PENALTY 11-MONTH CD		\$
<b>TOTAL</b>		\$

## 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 <input type="text"/>	M.I. <input type="text"/>	LAST NAME / SUFFIX <input type="text"/>	SOCIAL SECURITY NUMBER <input type="text"/>	DATE OF BIRTH <input type="text"/>
OCCUPATION <input type="text"/>			EMPLOYER <input type="text"/>	
EMAIL ADDRESS <input type="text"/>	HOME PHONE <input type="text"/>	BUSINESS PHONE (OPTIONAL) <input type="text"/>	MOBILE PHONE (OPTIONAL) <input type="text"/>	
RESIDENTIAL STREET ADDRESS (NO PO BOXES) <input type="text"/>			MAILING STREET ADDRESS (IF DIFFERENT THAN RESIDENTIAL) <input type="text"/>	
RESIDENTIAL ADDRESS LINE 2 (OPTIONAL) <input type="text"/>			MAILING ADDRESS LINE 2 (OPTIONAL) <input type="text"/>	

Ally Bank Member FDIC

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

# 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 applicant has been at the above address for less than 5 years. In addition, provide 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

**Security Information:** 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

## Fund Account(s)

I have enclosed a check with my application

- Note we are unable to 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).

ACCOUNT NUMBER

## Additional Services

### Debit Card Requested:

Interest Checking  Yes  No  
Money Market Savings  Yes  No

### Check Order Requested:

Interest Checking  Yes  No  
Money Market Savings  Yes  No

### Overdraft Service?

Yes  No

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 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

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 (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

CUSTOMER NUMBER  
(INTERNAL USE ONLY)