
RETURN TO:

Return this form with any attached documents to us in your Secure Messages.
Once you log in, choose Email to send us a 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

SINGLE / JOINT ACCOUNT APPLICATION



Tell us about the account you would like to open

Individual Account Is this Account: Payable on Death (POD)? Yes No In Trust For? Yes No
 Joint Account Is this Account: Payable on Death (POD)? Yes No In Trust For? Yes No

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

Product Type	Quantity	Amount	Product Type	Quantity	Amount
Interest Checking		\$	High Yield 6-Month CD		\$
Online Savings Account		\$	High Yield 9-Month CD		\$
Money Market Savings Account		\$	High Yield 12-Month CD		\$
No Penalty 11-Month CD		\$	High Yield 18-Month CD		\$
Raise Your Rate 2-Year CD		\$	High Yield 3-Year CD		\$
Raise Your Rate 4-Year CD		\$	High Yield 5-Year CD		\$
High Yield 3-Month CD		\$	Total		\$
Special Instructions:					

Applicant 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 is an owner of 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 view your driver's license or other identifying documents that will assist us in identifying you.

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 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.

Primary Applicant Information

<input type="text"/> First Name (Print)	<input type="text"/> M.I.	<input type="text"/> Last Name / Suffix (Print)	<input type="text"/> Social Security Number	<input type="text"/> Date of Birth
<input type="text"/> Email Address	<input type="text"/> Home Phone	<input type="text"/> Business Phone	<input type="text"/> Mobile Phone	
<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			<input type="text"/> Mailing Address Line 2	
<input type="text"/> Residential City	<input type="text"/> State	<input type="text"/> ZIP	<input type="text"/> Mailing City	<input type="text"/> State
			<input type="text"/> Mailing State	<input type="text"/> Mailing ZIP

Please 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).

<input type="text"/> Residential Street Address (no PO Boxes)	<input type="text"/> Residential City	<input type="text"/> State	<input type="text"/> ZIP
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Security Information: Please provide a security question with answer and mother's maiden name that may be used to identify you when contacting us.

<input type="text"/> Security Question	<input type="text"/> Security Answer	<input type="text"/> Mother's Maiden Name
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SINGLE / JOINT ACCOUNT APPLICATION



Applicant Information (continued)

Secondary Applicant Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name (Print)	M.I.	Last Name / Suffix (Print)	Social Security Number	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	Home Phone	Business Phone	Mobile Phone	
<input type="text"/>			<input type="text"/>	
Residential Street Address (no PO Boxes)			Mailing Street Address (if different than Residential)	
<input type="text"/>			<input type="text"/>	
Residential Address Line 2			Mailing Address Line 2	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential City	State	ZIP	Mailing City	State ZIP

Please 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).

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Street Address (no PO Boxes)	Residential City	State	ZIP

Security Information: Please provide a security question with answer and mother's maiden name that may be used to identify you when contacting us.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Security Question	Security Answer	Mother's Maiden Name

Account Beneficiary Information (POD/ITF)

For additional beneficiaries, copy this page and submit with the application. You may elect up to 10 beneficiaries.

I do not want to designate a beneficiary on my account(s)

Personal Information for Beneficiary

Same as Primary Applicant's Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name (Print)	M.I. (Print)	Last Name / Suffix (Jr., Sr., III, etc) (Print)	Date of Birth

Address (no PO Boxes)

<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP

Personal Information for Beneficiary

Same as Primary Applicant's Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name (Print)	M.I. (Print)	Last Name / Suffix (Jr., Sr., III, etc) (Print)	Date of Birth

Address (no PO Boxes)

<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP

Personal Information for Beneficiary

Same as Primary Applicant's Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name (Print)	M.I. (Print)	Last Name / Suffix (Jr., Sr., III, etc) (Print)	Date of Birth

Address (no PO Boxes)

<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP

SINGLE / JOINT ACCOUNT APPLICATION



Account Beneficiary Information (POD/ITF) (continued)

Personal Information for Beneficiary

Same as Primary Applicant's Address

First Name (Print) M.I. (Print) Last Name / Suffix (Jr., Sr., III, etc) (Print) Date of Birth

Address (no PO Boxes)

City State ZIP

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

This service links an Ally Money Market or Online Savings account to your Ally Interest Checking account. Refer to Ally Bank's Deposit Agreement for a full explanation of this service and applicable fees that may be incurred.

NOTE: The statement for this account will be mailed to the address on file for the primary account owner. If you need to set-up online banking credentials or want to view your statement online, please contact us once the account is opened or visit us at www.allybank.com.

Fund Account(s)

If you are a NEW customer:

I have enclosed a check with my application
• Please note we are unable to accept cash deposits, foreign checks/currency, or savings bonds.

If you are an EXISTING customer:

I have enclosed a check with my application
• Please note we are unable to accept cash deposits, foreign checks/currency, or savings bonds.

Use funds from an existing Ally Interest Checking, Money Market Account, or Online Savings Account on which I am the signer
Account no.:

ACH Transfer from a previously registered non-Ally account:
I authorize Ally Bank to initiate a one-time ACH debit to the following account

Financial Institution Name Routing/ABA Number Account Number

How to Change or Cancel the ACH Transfer: You may change or cancel the ACH transfer by calling us at 877-247-ALLY (2559), unless the transfer status is "In Process" or "Complete."

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 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.

Primary Account Holder's Signature

Date

Secondary Account Holder'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 (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.)

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 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 the box to the right 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.

_____	_____	<input type="text"/>	<input type="text"/>
Customer Signature	Name (Print)	Date	Customer Number (Internal Use Only)

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.)

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 am waiting for a number to be issued to me), and
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3. I am a U.S. citizen or other U.S. person (including a U.S. Resident Alien), and
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The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

_____	_____	<input type="text"/>	<input type="text"/>
Customer Signature	Name (Print)	Date	Customer Number (Internal Use Only)

Ally Bank Member FDIC

ALLY BANK, P.O. Box 951, Horsham, PA 19044
Questions? Call 1-877-247-2559 or visit allybank.com