

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

TRUST CONVERSION REQUEST FORM



Use this form to:

Convert a personal Ally Bank account to an account titled in the name of a trust.

Provide us the documents below:

- Completed Trust Conversion Request Form
- A copy of the pages in the Trust Agreement describing the trust. This includes the formal name of the trust, the grantor(s), & trustee(s) as well as the signature and notary pages of the Trust Agreement and trustee powers.
- A copy of Death Certificate(s), if anyone named in the trust title and/or a trustee(s) is/are deceased
- A copy of court orders associated with the creation or modification of the trust (if applicable)

Current Account Holder Information and Authorization

CURRENT ACCOUNT HOLDER NAME

ACCOUNT NUMBER(S)

CURRENT ACCOUNT HOLDER NAME

ACCOUNT NUMBER(S)

In order for a personal account to be eligible for conversion to the name of a trust, ALL current account owners must sign below. You acknowledge that the accounts listed above will be re-titled in the name of a trust. Since the account(s) will convert to an entity, you acknowledge that if you are not designated as a trustee in the Trust Agreement you will no longer have access to the account and you are giving up direct ownership of the funds as they become property of the trust listed above. You also acknowledge that any person/entity currently designated as a "Payable on Death" (POD) payee or "In Trust For" (ITF) beneficiary on the accounts listed above will be removed as the Trust Agreement will designate the distribution of assets within the trust.

SIGNATURE OF CURRENT ACCOUNT HOLDER

SIGNATURE OF CURRENT ACCOUNT HOLDER

Trust Information

Choose One:

Revocable Trust

Revocable Trust (Grantor is not a Trustee)

Irrevocable Trust

NAME OF TRUST (AS IT APPEARS ON THE TRUST AGREEMENT)

TAX IDENTIFICATION NUMBER FOR TRUST

TRUST CONVERSION REQUEST FORM



Additional Trustee(s)

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.

To be completed if any trustee named in the trust is not currently on any of the accounts listed above. For additional trustees, copy this form and submit for each trustee.

Grantor/Primary Trustee 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OCCUPATION	EMPLOYER
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EMAIL ADDRESS	HOME PHONE	BUSINESS PHONE (OPTIONAL)	MOBILE PHONE (OPTIONAL)
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RESIDENTIAL STREET ADDRESS (NO PO BOXES)	MAILING STREET ADDRESS (IF DIFFERENT THAN RESIDENTIAL)
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RESIDENTIAL ADDRESS LINE 2 (OPTIONAL)	MAILING ADDRESS LINE 2 (OPTIONAL)
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RESIDENTIAL CITY	STATE	ZIP	MAILING CITY	STATE	ZIP
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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
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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
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CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER



Account Agreement

(TO BE SIGNED BY A TRUSTEE WHO IS NOT A CURRENT ALLY BANK CUSTOMER)

Acceptance of Terms and Conditions

By signing below and agreeing to become a trustee on the account, 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 as trustee, 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.

SIGNATURE

DATE

Certification Of Taxpayer Identification Number

Complete and sign the **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.

Complete with the trust SSN/TIN and trustee's signature

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.

TRUSTEE SIGNATURE

NAME OF TRUST

DATE

CUSTOMER NUMBER
(INTERNAL USE ONLY)