

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/TRUSTEE MAINTENANCE REQUEST FORM



Use this form to:

Add or remove a Trustee from a Trust titled account(s), change the Trust title or Trustee name, or modify information on an existing Trust titled account.

Trust Information

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

ACCOUNT NUMBER(S)

Add Trustee(s)

In addition to this form, attach any supporting documentation verifying that the individual/entity below is a Trustee for the Trust titled account(s) listed above, such as an amendment, letter of appointment, or court order. For additional Trustees, copy this form and submit for each Trustee.

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.

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

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

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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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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Ally Bank Member FDIC

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

TRUST/TRUSTEE MAINTENANCE REQUEST FORM



Add Trustee(s) (contintued)

Debit Card Requested:

Interest Checking Yes No
Money Market Savings Yes No

Check Order Requested:

Interest Checking Yes No
Money Market Savings Yes No

Remove Trustee(s)

For each Trustee that is being removed, provide his or her name and select the reason for removal. Attach any supporting documentation such as a death certificate, court order, trust documents or physician notification.

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

Removal Reason: Death Incapacity Resignation Other (explain)

A) Is a new Taxpayer Identification Number (SSN/TIN) being used because of the removal of a Trustee? Yes No

If Yes, provide the new Taxpayer Identification Number: SSN TIN SSN (XXX-XX-XXXX) / TIN (XX-XXXXXXX)

B) Is a change of address required because of the removal of a Trustee? Yes No

If Yes, provide the new address for the Trust below:

RESIDENTIAL STREET ADDRESS (NO PO BOXES) MAILING STREET ADDRESS (IF DIFFERENT THAN RESIDENTIAL)
RESIDENTIAL ADDRESS LINE 2 MAILING ADDRESS LINE 2
RESIDENTIAL CITY STATE ZIP MAILING CITY STATE ZIP
PRIMARY TRUST CONTACT NAME PRIMARY CONTACT PHONE

Trust Title Change

If the title of the Trust has been modified, provide a copy of the Trust Amendment noting the change of title. If the Taxpayer Identification Number is changing, enter it in the space below.

NEW TRUST TITLE TAXPAYER IDENTIFICATION NUMBER

Trustee Name Change

If a Trustee is changing his or her name, provide a copy of valid identification or formal documentation showing the name change, and provide a copy of the Trust Amendment (if applicable). Any name changes will take effect on other Ally Bank accounts for which the Trustee is a signer.

CURRENT TRUSTEE NAME NEW TRUSTEE NAME

CERTIFICATION OF TAXPAYER IDENTIFICATION



Account Agreement

Acceptance of Terms and Conditions

By signing below you are giving Ally Bank permission to make the necessary modifications to the Trust or Trustees' information on the account(s) listed above. If a Trustee is being added to an account and is not a current Ally Bank customer, 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. For maintenance requests that involve changes to a Trust name or taxpayer identification number, complete a new signature card to re-certify the Trust Taxpayer Identification Number and to obtain a new signature.

TRUSTEE SIGNATURE	DATE	EMAIL	PHONE
TRUSTEE SIGNATURE	DATE	EMAIL	PHONE

Certification Of Taxpayer Identification Number

Complete and sign the attached Certification of Taxpayer Identification Number if (1) the primary trustee have been removed from the Trust titled accounts, (2) the taxpayer identification number has changed on the Trust titled accounts, (3) the Trust name is being changed, or (4) the primary trustee has changed his/her name.

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)
			<input type="text"/>