

RETURN INSTRUCTIONS



Return this form with any attached documents using one of these methods:

Upload/Secure Message

Log in at ally.com, choose Email / Bank Accounts / Send a New Secure Message.

Mail

Ally Bank
PO Box 951
Horsham, PA 19044

Fax

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

TRUST/GRANTOR/TRUSTEE MAINTENANCE REQUEST FORM



Use this form to:

Add or remove a Grantor or Trustee from Trust titled accounts, change the name of a Trust, Grantor or Trustee, or modify information on existing Trust titled accounts.

Trust Information

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

ACCOUNT NUMBER(S)

Important Notifications

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: 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.

Additional Grantor/Trustee

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

Is this Trustee a Grantor? Yes No

If Yes and this is an Irrevocable Trust, does the Grantor have retained interest? Yes No If Yes, what percentage? %

I am an existing Ally Bank account owner and would like to use my information already on file.
(Complete only Name, Social Security, Occupation, Employer, and Date of Birth information below.)

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

SOCIAL SECURITY DATE OF BIRTH OCCUPATION

EMPLOYER EMAIL ADDRESS

PERSONAL PHONE WORK PHONE

RESIDENTIAL STREET ADDRESS (NO P.O. BOXES) MAILING STREET ADDRESS (IF DIFFERENT THAN RESIDENTIAL)

RESIDENTIAL ADDRESS LINE 2 MAILING ADDRESS LINE 2

TRUST/GRANTOR/TRUSTEE MAINTENANCE REQUEST FORM



Additional Grantor/Trustee (continued)

RESIDENTIAL CITY STATE ZIP MAILING CITY STATE ZIP

If you have been at the above address for less than 5 years, provide a prior residential address and 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 P.O. BOXES) RESIDENTIAL CITY STATE ZIP

If you are not an Ally Bank customer, 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

Order Debit Card:

Interest Checking Yes No
Money Market Savings Yes No

Order Checks:

Interest Checking Yes No
Money Market Savings Yes No

Remove Grantor/Trustee

For each Grantor/Trustee that is being removed, 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)

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

Removal Reason: Death Incapacity Resignation Other (explain)

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 Grantor/Trustee? Yes No

SSN (XXX-XX-XXXX) / TIN (XX-XXXXXXXX)

If Yes, provide the Taxpayer Identification Number: SSN TIN

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

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

RESIDENTIAL STREET ADDRESS (NO P.O. 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

Complete this section if Trust Title or Taxpayer Identification Number has been changed.

NEW TRUST TITLE

TAXPAYER IDENTIFICATION NUMBER

Grantor/Trustee Name Change

If a Grantor or Trustee is changing their name, provide a copy of:

- A copy of a Social Security Card, Marriage Certificate or court document showing the new name
- The Trust Amendment (if applicable)

Any name changes will take effect on other Ally Bank accounts for which the Grantor or Trustee is a signer.

CURRENT NAME

NEW NAME

Account Agreement

Acceptance of Terms and Conditions

By signing below you are giving Ally Bank permission to make the necessary modifications to Trust, Grantor or Trustee information on the account(s) listed above. If a Grantor or 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.

SIGNATURE

DATE

EMAIL

PHONE

SIGNATURE

DATE

EMAIL

PHONE

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 Trust, Grantor, and Trustee.

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.

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 (TIN) which should match the first name listed on the account and will be used for tax reporting purposes. For other entities, it is your Employee Identification Number.)

I. SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER

II. 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)