

Return this form using one of these methods:

🗄 Online

Log in at ally.com and select Email, or log in on the Ally Mobile app and select \boxdot . Attach the form to your message.

Mail Ally Bank PO Box 951 Horsham, PA 19044 Fax Subject Line: Operations Fax Number: 866-699-2969

- Provide these documents:

- A Certification of Trust OR written Trust agreement documents that include:
- · Description of Trust, including the formal name of the Trust, Grantors and Trustees
- Notarized signature pages with Grantor and Trustee signatures. In some states, there may be a separate page completed by the notary
- · Amendments to original Trust
- · Trustee powers and provisions related to incapacity or death of a Trustee
- · List of beneficiaries who'll receive the funds if the Grantor of the Trust passes away
- · A copy of a death certificate for any Grantors or Trustees who is/are deceased
- For Testamentary Trusts, a copy of the cover page of the Last Will and Testament, portions of the will describing the Trust, signature and notary page of the will.

- Trust							
Product Type:	Revocable Trust	Irrevocable Trust					
If the Grantor is NC	OT a Trustee, complete th	application with the Grantor's information:					
NAME OF THE TRU (AS IT APPEARS ON	ST NTHE TRUST AGREEMEN	DATE OF TRUST AGREEMENT	TAX IDENTIFICATION NUMBER FOR TRUST ACCOUNT(S)				
If any Grantor is deceased, provide their name and date of death:							
NAME OF DECEASED GRANTOR OF TRUST DATE OF DEATH OF DECEASED GRANTOR OF TRUST							

Account Product and Selection

Product Type	Quantity	Amount
SPENDING ACCOUNT		\$
SAVINGS ACCOUNT		\$
MONEY MARKET ACCOUNT		\$
NO PENALTY 11-MONTH CD		\$
RAISE YOUR RATE 2-YEAR CD		\$
RAISE YOUR RATE 4-YEAR CD		\$
HIGH YIELD 3-MONTH CD		\$

Product Type	Quantity	Amount
HIGH YIELD 6-MONTH CD		\$
HIGH YIELD 9-MONTH CD		\$
HIGH YIELD 12-MONTH CD		\$
HIGH YIELD 18-MONTH CD		\$
HIGH YIELD 3-YEAR CD		\$
HIGH YIELD 5-YEAR CD		\$
TOTAL		\$

Special Instructions:



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'lll ask for your name, a street address, date of birth, and an identification number, such as a Social Security number or Individual Taxpayer Identification number (ITIN). We may also ask to see your driver's license or other identifying documents that'll allow us to identify you. We only open accounts for U.S. citizens and current U.S. residents. By signing and submitting this application, you're acknowledging that you're a U.S. citizen or current resident 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're authorized to use. In addition to manual calling, we may use text messages, prerecorded or artificial voice messages, or automatic dialing systems. We won't charge you for any contact, but your mobile phone service provider may.

Grantor Trustee]		
Is this Trustee a Grantor?	Yes	No							
If so and this is an irrevocable	e Trust, do	es the Grantor ha	ve retained interest?	Yes	No	If yes, what percentage?	%		
I'm an existing Ally Bank	customer	. Complete all field	ls.						
FIRST NAME	M.I.	LAST NAME	/ SUFFIX	SOCIAL SE	CURITY OR ITIN	DATE OF BIRTH	I		
OCCUPATION (IF RETIRED, HOMEMAKER, UNEMPLOYED, OR STUDENT, STATE SO HERE)					EMPLOYER (IF SELF-EMPLOYED, STATE BUSINESS NAME HERE)				
EMAIL ADDRESS				PERSONAL	PHONE	WORK PHONE			
COUNTRY OF CITIZENSHIP				Taxpayer Ide		OR TAX PURPOSES ONLY (see er section for definition of Reside Non-Resident (W-8BEN)			
RESIDENTIAL STREET ADDRESS (NO PO BOX, BUS., OR MAIL DROP) MAILING STREET ADDRESS (IF DIFFERENT THAN RESIDENTIAL)					IDENTIAL)				
RESIDENTIAL ADDRESS LINE	2			MAILING AI	DDRESS LINE 2				
RESIDENTIAL CITY		STATE	ZIP	MAILING C	ITY	STATE	ZIP		
If you're not an Ally Bank customer, provide both a security question with answer (different than mother's maiden name) and mother's maiden name that may be used to identify you when contacting us. SECURITY QUESTION SECURITY ANSWER MOTHER'S MAIDEN NAME									



- Trustee							
Is this Trustee a Grantor?	Yes N	lo					
			in ratained interest?	Vee	Ne	If you what norcontage?	0/
If so and this is an irrevocable	e Trust, does	the Grantor hav	ve retained interest?	Yes	No	If yes, what percentage?	%
I'm an existing Ally Bank	customer. Co	omplete all field	S.				
FIRST NAME	M.I.	LAST NAME	/ SUFFIX	SOCIAL SI	ECURITY OR	ITIN DATE OF BIRTH	
OCCUPATION (IF RETIRED, H STATE SO HERE)	OMEMAKER,	UNEMPLOYED	OR STUDENT,	EMPLOYE	R (IF SELF-EN	MPLOYED, STATE BUSINESS NAME F	IERE)
EMAIL ADDRESS				PERSONA	L PHONE	WORK PHONE	
COUNTRY OF CITIZENSHIP RESIDENTIAL STREET ADDRI				Taxpayer Ic Resid	lentification Nui ent (W-9)	FOR TAX PURPOSES ONLY (see the of mber section for definition of Resident for Non-Resident (W-8BEN) RESS (IF DIFFERENT THAN RESIDEN	tax purposes)
RESIDENTIAL STREET ADDRI	_33 (NO FO I	JOX, BUS., OK I	IAL DIOF)	MAILING			IIAL)
RESIDENTIAL ADDRESS LINE	2			MAILING A	DDRESS LIN	E 2	
RESIDENTIAL CITY		STATE	ZIP	MAILING	CITY	STATE	ZIP
			ty question with answ	ver (differen	t than mother	r's maiden name) and mother's maid	len name that
SECURITY QUESTION	may be used to identify you when contacting us.		SECURITY ANSWER MOTHER'S MAID		IDEN NAME		
Trustee							
Is this Trustee a Grantor?	Yes N	lo					
If so and this is an irrevocable	e Trust, does	the Grantor hav	ve retained interest?	Yes	No	If yes, what percentage?	%
I'm an existing Ally Bank	customer. Co	omplete all field	S.				
FIRST NAME	M.I.	LAST NAME	/ SUFFIX	SOCIAL SI	ECURITY OR	ITIN DATE OF BIRTH	
OCCUPATION (IF RETIRED, H STATE SO HERE)	OMEMAKER,	UNEMPLOYED	OR STUDENT,	EMPLOYE	R (IF SELF-EN	MPLOYED, STATE BUSINESS NAME F	IERE)
EMAIL ADDRESS				PERSONA	L PHONE	WORK PHONE	
COUNTRY OF CITIZENSHIP				Taxpayer lo		FOR TAX PURPOSES ONLY (see the only the section for definition of Resident for Non-Resident (W-8BEN)	

CITY TRUST ACCOUNT APPLICATION

- Trustee (continued)						
RESIDENTIAL STREET ADDRESS (NO PO BOX, BUS., OR MAIL DROP)	MAILING STREET ADDRESS (IF DIFFERENT THAN RESIDENTIAL)					
RESIDENTIAL ADDRESS LINE 2	MAILING ADDRESS LINE 2					
RESIDENTIAL CITY STATE ZIP	MAILING CITY STATE ZIP					
If you're not an Ally Bank customer, provide both a security question with answer (different than mother's maiden name) and mother's maiden name that may be used to identify you when contacting us.						
SECURITY QUESTION	SECURITY ANSWER MOTHER'S MAIDEN NAME					
Trustee						
Is this Trustee a Grantor? Yes No						
If so and this is an irrevocable Trust, does the Grantor have retained interest?	Yes No If yes, what percentage? %					
I'm an existing Ally Bank customer. Complete all fields.						
FIRST NAME M.I. LAST NAME / SUFFIX	SOCIAL SECURITY OR ITIN DATE OF BIRTH					
OCCUPATION (IF RETIRED, HOMEMAKER, UNEMPLOYED, OR STUDENT, STATE SO HERE)	EMPLOYER (IF SELF-EMPLOYED, STATE BUSINESS NAME HERE)					
EMAIL ADDRESS	PERSONAL PHONE WORK PHONE					
COUNTRY OF CITIZENSHIP	RESIDENCY ELECTION FOR TAX PURPOSES ONLY (see the Certification of Taxpayer Identification Number section for definition of Resident for tax purposes) Resident (W-9) Non-Resident (W-8BEN)					
RESIDENTIAL STREET ADDRESS (NO PO BOX, BUS., OR MAIL DROP)	MAILING STREET ADDRESS (IF DIFFERENT THAN RESIDENTIAL)					
RESIDENTIAL ADDRESS LINE 2	MAILING ADDRESS LINE 2					
RESIDENTIAL CITY STATE ZIP	MAILING CITY STATE ZIP					
If you're not an Ally Bank customer, provide both a security question with answer (different than mother's maiden name) and mother's maiden name that may be used to identify you when contacting us.						
SECURITY QUESTION	SECURITY ANSWER MOTHER'S MAIDEN NAME					



 Additional Services 					
Debit Card:			Check Order:		
Spending Account	Yes	No	Spending Account	Yes	No
Money Market Account	Yes	No	Money Market Account	Yes	No
Overdraft Service	Yes	No			

This service links an Ally Money Market or Savings Account to your Ally Spending Account. Accounts with the same Trust account title may be used for overdraft service. Refer to the Ally Bank Deposit Agreement for a full explanation of this service and applicable fees that may be incurred.

Online Access and Statements

The statement for this account will be mailed to the address on file for the Trust. if you need to set-up online banking credentials or want to view your statement online, contact us once the account is opened or visit us at ally.com.

Fund Account(s)							
I'm a NEW customer:							
Use the check I've enclosed with my application							
 Ally Bank is unable to accept cash deposits, foreign checks/currency, or savings bonds. 							
I'm an EXISTING customer:							
Use the check I've enclosed with my application							
 Ally Bank is unable to accept cash deposits, foreign checks/currency, or savings bonds. 							
Use funds from an existing Ally Spending Account, Money Market Account, or Savings Account on wh	ich I'm the signer						
ACCOUNT NUMBER							
Initiate an 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	NT NUMBER						
You may change or cancel the ACH transfer by calling us at 1-877-247-2559, unless the transfer statu	s is "In Process" or "Complete."						

Account Agreement							
Acceptance of Terms and Conditions							
By signing below, I agree that if I use and don't close my account within 30 days of opening, it will constitute my agreement to the terms of the Ally Bank Deposit Agreement that will be sent to me after my account is opened. I authorize Ally Bank 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	SIGNATURE	DATE				
SIGNATURE	DATE	SIGNATURE	DATE				
We accept 4 ways to sign: 1) wet ink using a pen, 2) placement of your signature using your mouse or trackpad, 3) upload of an image with your signature, or 4) placement of a digital signature. We don't accept typed signatures.							



Certification of Taxpayer Identification Number (Form W-9 or W-8BEN)

A Certification of Taxpayer Identification Number Form W-9 or W-8BEN is required for each Trust, Grantor, and Trustee who doesn't currently have an existing account at Ally Bank. Depending on your taxpayer status, each Trust, Grantor, and Trustee must complete the appropriate W-9 or W-8BEN form.

- Resident You're a resident of the United States for tax purposes if you a) are a U.S. citizen, b) meet the green card test, or c) meet the substantial presence test. If you're a resident, you must complete, sign, and return the attached form labeled W-9. Criteria for the green card and substantial presence test can be found at IRS.gov.
- Non-Resident If you don't meet any of the Resident criteria above, then you're not considered a U.S. non-resident for tax purposes. If you're a
 non-resident for tax purposes, you must visit IRS.gov and download Form W-8BEN. Complete, sign, and attach the Form W-8BEN with your
 application.

FORM W-9 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's 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'm waiting for a number to be issued to me); and

- 2. I'm not subject to backup withholding because: (a) I'm exempt from backup withholding, or (b) I haven't been notified by the Internal Revenue Service (IRS) that I'm 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'm no longer subject to backup withholding; and
- 3. I'm a U.S. citizen or other U.S. person (including a U.S. resident alien); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I'm exempt from FATCA reporting is correct.

Ally Bank doesn't collect Foreign Account Tax Compliance Act (FATCA) exemption codes. We're required by law to include the aforementioned certifications, but note that number 4 doesn't apply.

Backup Withholding Instructions

You must check off the box to the right if you've been notified by the IRS that you're currently subject to backup withholding because you've failed to report all interest and dividends on your tax return.

The Internal Revenue Service doesn't require your consent to any provision of this document other than the certifications required to avoid backup withholding.



Print Name

Customer Signature

Date

Customer Number (Internal Use Only)

Customer Number (Internal Use Only)

FORM W-9 TAXPAYER IDENTIFICATION NUMBER (TIN) CERTIFICATION (Not applicable for Non-Resident Aliens):

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Customer Signature

Date

Print Name