



INVESTMENT FORM

INSTRUCTIONS

To participate in Demand Notes, please carefully complete and sign this investment form and mail it along with your initial investment check (personal check only) to:

Ally Demand Notes
The Northern Trust Company
PO Box 75707
Chicago, IL 60675-5707

IMPORTANT INFORMATION ABOUT PROCEDURES FOR AN INITIAL INVESTMENT

To help fight the funding of terrorism and money-laundering activities, the U.S. Government has passed the USA Patriot Act, which requires banks, including the Ally Demand Notes processing agent bank, to obtain, verify and record information that identifies persons who engage in certain transactions with or through a bank. This means that, in order for us to open an Ally Demand Notes investment for you, we will need to collect the information solicited on this investment form for ALL PERSONS listed on the note.

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TELL US WHICH ELIGIBILITY CATEGORY BEST DESCRIBES YOU (Please check the corresponding box)

1 - Ally Salary Employee

2 - Ally Hourly Employee

3 - Ally Financed Dealer (Retail or Wholesale)

4 - Ally Retiree

Dealer Name: _____

5 Immediate Family Member of Eligible Ally Employee or Ally Retiree

6 Employee of Ally Subsidiary

Employee/Retiree's Name: _____

Subsidiary Name: _____

7 Employee of Ally Financed Dealer

Dealer Name: _____

Ally reserves the right to redeem any Demand Notes held by an Investor if such Investor fails to meet the eligibility requirements to invest in Ally Demand Notes pursuant to this investment form, including but not limited to the selection of an appropriate eligibility category



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TYPE OF REGISTRATION: Under Federal tax law, you must provide us with your Social Security or other taxpayer identification number, a certification that the number provided is correct and a certification that you are not subject to backup withholding. You must do this by completing the appropriate sections indicated on this form. Failure to furnish and certify your correct taxpayer identification number will result in the applicable withholding tax being withheld and paid to the Internal Revenue Service.

Individual Joint Custodial Trust Corporate (Check one type and complete information below)

A. Primary Owner: Enter information for individual owner, primary owner of a joint note, trustee or custodian.

OWNER (FIRST, MIDDLE, LAST)	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	
DRIVER'S LICENSE NUMBER / STATE ID NUMBER	STATE	ID EXPIRATION DATE (MM/DD/YYYY)	
MOTHER'S MAIDEN NAME (FOR SECURITY)	E-MAIL ADDRESS		
RESIDENTIAL ADDRESS (U.S. ADDRESS ONLY / NO PO BOXES)	CITY	STATE	ZIP CODE
HOME PHONE NUMBER			
OCCUPATION	EMPLOYER NAME	WORK PHONE NUMBER	
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE
ANNUAL INCOME:	<input type="checkbox"/> UNDER \$50,000	<input type="checkbox"/> \$50,000 - \$100,000	<input type="checkbox"/> ABOVE \$100,000



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TYPE OF REGISTRATION - CONTINUED

B. Joint Owner: Enter information for joint owners and co-trustees individual owner, primary owner of a joint note, trustee or custodian.
(ALL OWNERS DEEMED TO BE JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP)

OWNER (FIRST, MIDDLE, LAST) SOCIAL SECURITY NUMBER DATE OF BIRTH (MM/DD/YYYY)

DRIVER'S LICENSE NUMBER / STATE ID NUMBER STATE ID EXPIRATION DATE (MM/DD/YYYY)

MOTHER'S MAIDEN NAME (FOR SECURITY) E-MAIL ADDRESS

RESIDENTIAL ADDRESS (U.S. ADDRESS ONLY / NO PO BOXES) CITY STATE ZIP CODE

HOME PHONE NUMBER

OCCUPATION EMPLOYER NAME WORK PHONE NUMBER

EMPLOYER ADDRESS CITY STATE ZIP CODE

ANNUAL INCOME: UNDER \$50,000 \$50,000 - \$100,000 ABOVE \$100,000

Note: If there are more than two owners for this Demand Note, you must provide the same information (as requested above) on a separate piece of paper or use a second copy of this form. Signatures of all owners are required. The maximum number of owners per Demand Notes is six.



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TYPE OF REGISTRATION - CONTINUED

C. Custodial: Under Uniform Gift to Minors Act, enter minors information here. Custodian information should be above

MINOR'S NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YYYY)

RESIDENTIAL ADDRESS (U.S. ADDRESS ONLY / NO PO BOXES)

CITY

STATE

ZIP CODE

D. Trust: (Required: Copies of first three and last three pages of trust document and any additional pages naming the trustees must be included with this form. For a statutory trust (trust created through a State Filing – Secretary of State), a certification regarding beneficial owners must also be included with this form. To obtain the certification form, go to www.demandnotes.com or call 800-684-8823)

Statutory Trust Yes No

TRUST TITLE

DATE OF TRUST AGREEMENT

TRUST TAX ID NUMBER

TRUSTEE #1 NAME (FIRST, MIDDLE, LAST)

DATE OF BIRTH (MM/DD/YYYY)

RESIDENTIAL ADDRESS (U.S. ADDRESS ONLY / NO PO BOXES)

CITY

STATE

ZIP CODE

TRUSTEE #2 NAME (FIRST, MIDDLE, LAST)

DATE OF BIRTH (MM/DD/YYYY)

RESIDENTIAL ADDRESS (U.S. ADDRESS ONLY / NO PO BOXES)

CITY

STATE

ZIP CODE



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TYPE OF REGISTRATION - CONTINUED

E. Corporation, LLC, Partnership or Association (Required: i) copy of Articles of Incorporation or other entity formation document, ii) An original Corporate Resolution form and iii) certification regarding beneficial owners must be included with this form*. To obtain a corporate resolution and the certification, go to www.demandnotes.com or call 800-684-8823).

_____ NAME OF CORPORATION, LLC, PARTNERSHIP OR ASSOCIATION		_____ TAX ID NUMBER	
_____ TYPE OF BUSINESS	_____ STATE OR REGISTRATION	_____ ESTABLISHED DATE	
_____ DBA (DOING BUSINESS AS), IF ANY	_____ # OF EMPLOYEES	_____ ANNUAL SALES REVENUE	
_____ PRINCIPAL BUSINESS ADDRESS (U.S. ADDRESS ONLY / NO PO BOXES)		_____ CITY	_____ STATE
		_____ ZIP CODE	

*Applies to Corporation, LLC, Partnership or Incorporated Association. If you believe the entity is excluded from the U.S. Department of the Treasury Financial Crimes Enforcement Network (FinCEN) Customer Due Diligence Rule (refer to FAQs located at www.demandnotes.com), please provide an explanation below to support the exclusion claim.:

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SOURCE OF FUNDS

What is the primary source of funds for the Demand Note?

- Employment
 Investments
 Inheritance
 Loan
 Other

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ADDRESSES

A. Mailing Address if different than residential address above. Used for checks and all mailings. (U.S. address only – all information is required)

_____ STREET ADDRESS	_____ CITY	_____ STATE	_____ ZIP CODE
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B. Seasonal Address if applicable. Used for checks and all mailings. (U.S. address only. No PO Boxes – all information is required; please leave blank if you do not have a seasonal address)

_____ STREET ADDRESS	_____ CITY	_____ STATE	_____ ZIP CODE
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ELECTRONIC INVESTMENT OPTIONS

These options allow you to transfer money from a designated bank account to your Demand Notes. You can initiate these options online at www.demandnotes.com or by calling the service center at 800-684-8823.

Automated Clearing House (ACH): There is a \$50.00 minimum per ACH. Funds are available for redemption on the sixth business day after the date of credit. Your bank may charge you for this service.

Automatic Monthly ACH Investment : Investment of \$_____ will occur on or about the ___ day of each month from

Please select either

Bank Account A

or

Bank Account B

Additional Automatic Monthly ACH investment: Investment of \$_____ will occur on or about the ___ day of each month from

Please select either

Bank Account A

or

Bank Account B

On Request ACH Investment: This will allow you to transfer money from a designated bank account to your Demand Notes. To initiate a transfer you can log into your account online at www.demandnotes.com or call the service center at 800-684-8823

Please select either

Bank Account A

or

Bank Account B

ELECTRONIC INVESTMENT OPTIONS BANK DESIGNATION(S)

Bank Account A: This must be completed if you are adding Bank Account A for one of the investment options above. Attach a voided check for a checking account or a deposit slip for a savings account. At least one of the names on the deposit slip or voided check must match at least one of the registered owners of this Demand Note.

Please check one type of account only:

Checking

Savings

NAME(S) OF ACCOUNT HOLDER(S)

BANK ACCOUNT NUMBER

BANK NAME

ABA ROUTING NUMBER (9 DIGITS)

CITY, STATE, ZIP CODE

BANK PHONE NUMBER

Bank Account B: This must be completed if you are adding Bank Account B for one of the investment options above. Attach a voided check for a checking account or a deposit slip for a savings account. At least one of the names on the deposit slip or voided check must match at least one of the registered owners of this Demand Note.

Please check one type of account only:

Checking

Savings

NAME(S) OF ACCOUNT HOLDER(S)

BANK ACCOUNT NUMBER

BANK NAME

ABA ROUTING NUMBER (9 DIGITS)

CITY, STATE, ZIP CODE

BANK PHONE NUMBER



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REDEMPTION OPTIONS

These options allow you to transfer money from your Demand Notes to your designated bank account(s). Indicate your designated bank account information in the shaded box below. Bank accounts may be the same or different from those listed above. Even if accounts are the same, please list them again.

Redemption Checks: A checkbook will be mailed to the registered address.

On Request ACH Redemption: Allows you to redeem funds (\$250 minimum) electronically from your Demand Notes. The funds will be electronically sent via ACH to the bank that you have designated. Your bank may charge you for this service.

Please select one or both

Bank Account C and/or

Bank Account D

Automatic ACH Redemption: Allows you to redeem a portion of your Demand Notes on a monthly or quarterly basis (\$100 minimum). Fill in the amount you would like to redeem and whether you would like to receive it on a monthly or quarterly basis. The funds will be electronically sent via ACH to the bank that you have designated.

I authorize the processing agent to redeem \$_____ every

Month

Quarter (March, June, September, December)

Please select either

Bank Account C

or

Bank Account D

Monthly interest ACH Redemption: Allows you to redeem the monthly interest on your Demand Notes. The funds will be electronically sent via ACH to the bank that you have designated.

Please select either

Bank Account C

or

Bank Account D

Wire Transfer (\$1,000 Minimum): If you select this option, you may have your funds wired to a predesignated bank account upon your request. With this option, you authorize the processing agent to act on telephone instructions received by a customer service representative. Your bank may charge for this service.

Please select either

Bank Account C

or

Bank Account D

REDEMPTION OPTIONS BANK DESIGNATION(S)

Bank Account C: This must be completed if you are adding Bank Account C for one of the redemption options above. Attach a voided check for a checking account or a deposit slip for a savings account. At least one of the names on the deposit slip or voided check must match at least one of the registered owners of this Demand Note.

Please check one type of account only:

Checking

Savings

NAME(S) OF ACCOUNT HOLDER(S)

BANK ACCOUNT NUMBER

BANK NAME

ABA ROUTING NUMBER (9 DIGITS)

CITY, STATE, ZIP CODE

BANK PHONE NUMBER



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REDEMPTION OPTIONS BANK DESIGNATION(S) - CONTINUED

Bank Account D: This must be completed if you are adding Bank Account A for one of the investment options above. Attach a voided check for a checking account or a deposit slip for a savings account. At least one of the names on the deposit slip or voided check must match at least one of the registered owners of this Demand Note.

Please check one type of account only: Checking Savings

_____ NAME(S) OF ACCOUNT HOLDER(S)	_____ BANK ACCOUNT NUMBER
_____ BANK NAME	_____ ABA ROUTING NUMBER (9 DIGITS)
_____ CITY, STATE, ZIP CODE	_____ BANK PHONE NUMBER

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INITIAL INVESTMENT

Enclosed is my personal check for \$ _____ (\$1,000 minimum) made payable to Ally Demand Notes.

Personal checks only. Demand Notes will not accept cashier's checks, third-party checks, traveler's checks, money orders, starter checks, cash or credit card checks.

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SIGNATURES AND TAXPAYER CERTIFICATION Signatures are required for processing

By signing this form, I certify that I have reviewed, and agree to be bound by the terms and description of Ally Demand Notes as contained in the Prospectus, and acknowledge that the Ally Demand Notes Committee has the full power and authority to amend the Program, to interpret its provisions, to adopt rules and regulations in connection with the Program, and to set and adjust the rate of interest to be paid on the Ally Demand Notes, all as described in the Prospectus. I have legal capacity and meet the eligibility requirements to invest in Ally Demand Notes pursuant to this investment form.

Further, under penalties of perjury, I certify that the Social Security or taxpayer identification number provided on this form is correct and that I am a U.S. person (including a U.S. resident alien). Unless the box below is checked, I am not subject to backup withholding because I have not been notified by the Internal Revenue Service that I am subject to such withholding, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. Check box below if applicable.

I am subject to backup withholding under provisions of Section 3406(a)(1)(C) of the Internal Revenue Service Code.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

WRITTEN SIGNATURE (INDIVIDUAL, CUSTODIAN, INCORPORATED CORPORATION OR TRUSTEE)

PRINTED NAME

WRITTEN SIGNATURE (INDIVIDUAL, CUSTODIAN, INCORPORATED CORPORATION OR TRUSTEE)

PRINTED NAME



INVESTMENT FORM

Before you return your completed Form, please review the following checklist to ensure you are providing all the information necessary to begin your Demand Notes Investment.

- Complete all of the required information on the Investment Form.
- Verify all owners have signed and dated the Form. (We do not accept facsimile signatures.)
- Attach any necessary entity forms (trust documents, corporate resolutions, etc.)
- Attach the Certification Regarding Beneficial Owners of Legal Entity Customers (applicable to Corporations, LLCs, Partnerships, Associations and Statutory Trusts)
- Include your personal check for the initial investment (minimum \$1,000) made payable to Ally Demand Notes.

If all of the required information is not included / completed, the Investment Form and initial investment will be returned to the registered address. A letter will be included explaining what is missing.

Return to:

Ally Demand Notes
The Northern Trust Company PO Box 75707
Chicago, IL 60675-5707

Overnight:

Ally Demand Notes
The Northern Trust Company 801 S Canal Street, C2N
Chicago, IL 60607

Call 800-684-8823 with any questions regarding this form, Monday through-Friday from 8:30 a.m. to 7 p.m. ET. Additional forms can be found online at www.demandnotes.com.