

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

SINGLE / JOINT ACCOUNT APPLICATION



Tell us about the account you would like to open

Individual Account	Is this Account:	Payable on Death (POD)?	Yes	No	In Trust For (ITF)?	Yes	No
Joint Account	Is this Account:	Payable on Death (POD)?	Yes	No	In Trust For (ITF)?	Yes	No

Tell us what type of product(s) you would like to open

Product Type	Quantity	Amount
INTEREST CHECKING		\$
ONLINE SAVINGS ACCOUNT		\$
MONEY MARKET SAVINGS 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: _____

Applicant Information

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.

Primary Applicant Information

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	MOBILE PHONE (OPTIONAL)		BUSINESS 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)			

Ally Bank Member FDIC

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

SINGLE / JOINT ACCOUNT APPLICATION



Applicant Information (continued)

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

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

Secondary Applicant Information

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
EMAIL ADDRESS PERSONAL PHONE WORK PHONE
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

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

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

Beneficiary Information (POD/ITF)

You can choose up to 10 beneficiaries for each of your non-IRA accounts. If you have more than one beneficiary, each will receive an equal amount of funds from your account unless you adjust your allocations. Unequal allocations can be entered on the Beneficiaries page on www.ally.com or by calling us. For additional beneficiaries, copy the following page and submit with the application.

When you add a beneficiary you must choose a beneficiary classification of individual, non-profit or charity, or other. Expanded FDIC coverage may apply to individuals, non-profits and charities. Upon your death Ally Bank pays your named beneficiaries based on your account ownership; however, you should know that "other" beneficiaries may have limited or no FDIC Insurance coverage. Please consult www.fdic.gov for more information on FDIC coverage.

I do not want to designate a beneficiary on my account(s)



Beneficiary Information (POD/ITF) (continued)

Beneficiary

Choose a beneficiary classification: Individual Non-profit or charity Other

FIRST NAME M.I. LAST NAME / SUFFIX DATE OF BIRTH

Same as Primary Applicant's Address

ADDRESS (NO PO BOXES)

CITY STATE ZIP

Beneficiary

Choose a beneficiary classification: Individual Non-profit or charity Other

FIRST NAME M.I. LAST NAME / SUFFIX DATE OF BIRTH

Same as Primary Applicant's Address

ADDRESS (NO PO BOXES)

CITY STATE ZIP

Beneficiary

Choose a beneficiary classification: Individual Non-profit or charity Other

FIRST NAME M.I. LAST NAME / SUFFIX DATE OF BIRTH

Same as Primary Applicant's Address

ADDRESS (NO PO BOXES)

CITY STATE ZIP

Beneficiary

Choose a beneficiary classification: Individual Non-profit or charity Other

FIRST NAME M.I. LAST NAME / SUFFIX DATE OF BIRTH

Same as Primary Applicant's Address

ADDRESS (NO PO BOXES)

CITY STATE ZIP

SINGLE / JOINT ACCOUNT APPLICATION



Additional Services

Debit Card Requested:

Interest Checking Yes No
Money Market Savings Yes No

Check Order Requested:

Interest Checking Yes No
Money Market Savings Yes No

Overdraft Service? Yes No

This service links an Ally Money Market or Online Savings account to your Ally Interest Checking account. Refer to Ally Bank's Deposit Agreement for a full explanation of this service and applicable fees that may be incurred.

NOTE: The statement for this account will be mailed to the address on file for the primary account owner. If you need to set-up online banking credentials or want to view your statement online, please contact us once the account is opened or visit us at www.allybank.com.

Fund Account(s)

If you are a NEW customer:

I have enclosed a check with my application
• Please note we are unable to accept cash deposits, foreign checks/currency, or savings bonds.

If you are an EXISTING customer:

I have enclosed a check with my application
• Please note we are unable to accept cash deposits, foreign checks/currency, or savings bonds.
 Use funds from an existing Ally Interest Checking, Money Market Account, or Online Savings Account on which I am the signer

ACCOUNT NUMBER

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 NUMBER

How to Change or Cancel the ACH Transfer: You may change or cancel the ACH transfer by calling us at 877-247-ALLY (2559), unless the transfer status is "In Process" or "Complete."

Account Agreement

Acceptance of Terms and Conditions

By signing below, you agree that if you use and do not close your account within 30 days of opening, it will constitute your agreement to the terms of the Ally Bank Deposit Agreement that will be sent to you after your account is opened. 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.

PRIMARY ACCOUNT HOLDER'S SIGNATURE

DATE

SECONDARY ACCOUNT HOLDER'S SIGNATURE

DATE

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 account owner.

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 (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.)

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 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)

CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER



FORM W9 TAXPAYER IDENTIFICATION NUMBER (TIN) CERTIFICATION (Not applicable for Non-Resident Aliens)

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