

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 ACCOUNT APPLICATION



Provide us the documents below: (depending on what type of trust you have): \_\_\_\_\_

- A copy of the pages in the Trust Agreement describing the trust. This includes the formal name of the trust, the grantor(s) & trustee(s)
- A copy of the signature page of the Trust Agreement with the grantor(s) & trustee(s)
- A copy of pages with trustee powers provisions and provisions related to incapacity or death of a trustee
- A copy of the notary page
- A copy of any amendments to the original Trust Agreement
- A copy of Death Certificate(s), if anyone named in the trust title and/or trustee(s) 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 page of will, and notary page

Tell us about the trust you would like to open \_\_\_\_\_

**Product Type**

- Revocable Trust     
  Revocable Trust (Grantor is not a Trustee)     
  Irrevocable Trust

If the grantor is NOT a trustee and is using his/her Social Security Number (SSN), complete this application with the grantor's information

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

TAX IDENTIFICATION NUMBER FOR TRUST ACCOUNT(S)

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		\$
<b>TOTAL</b>		\$

Special Instructions: \_\_\_\_\_

**Ally Bank Member FDIC**

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

UPDATED 08/2019

## 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.

### Grantor/Primary Trustee Information

I am an existing Ally Bank account owner and would like to use my information already on file.  
(Please 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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
OCCUPATION			EMPLOYER		
<input type="text"/>			<input type="text"/>		
EMAIL ADDRESS	HOME PHONE		MOBILE PHONE (OPTIONAL)	BUSINESS PHONE (OPTIONAL)	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
RESIDENTIAL STREET ADDRESS (NO PO BOXES)			MAILING STREET ADDRESS (IF DIFFERENT THAN RESIDENTIAL)		
<input type="text"/>			<input type="text"/>		
RESIDENTIAL ADDRESS LINE 2 (OPTIONAL)			MAILING ADDRESS LINE 2 (OPTIONAL)		
<input type="text"/>			<input type="text"/>		
RESIDENTIAL CITY	STATE	ZIP	MAILING CITY	STATE	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Additional Trustee Information (if Necessary)

I am an existing Ally Bank account owner and would like to use my information already on file.  
(Please 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL ADDRESS	HOME PHONE		BUSINESS PHONE	MOBILE PHONE
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
OCCUPATION	EMPLOYER			
<input type="text"/>	<input type="text"/>			

**Ally Bank Member FDIC**

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# TRUST ACCOUNT APPLICATION



## Applicant Information (continued)

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

**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

## Additional Trustee Information (if Necessary)

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

(Please 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

**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

**Ally Bank Member FDIC**  
QUESTIONS? CALL 1-877-247-2559 OR VISIT ALLY.COM

UPDATED 08/2019

# TRUST ACCOUNT APPLICATION



## Applicant Information (continued)

### Additional Trustee Information (if Necessary)

I am an existing Ally Bank account owner and would like to use my information already on file.  
(Please 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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**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
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## Fund Account(s)

### If you are a NEW customer:

- I have enclosed a check with my application  
• 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  
• 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 in the amount of \$

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."

Ally Bank Member FDIC

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UPDATED 08/2019

# TRUST 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

The overdraft service links an Ally Money Market or Online Savings account to your Ally Interest Checking account. Accounts with the same trust account title may be used for overdraft service. 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 trust. If you need to set-up online banking credentials or want to view your statement online, please contact us once the account is opened.

## 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, as trustee, 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	SIGNATURE	DATE
SIGNATURE	DATE	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



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)