



## Trust Account Application

Thank you for choosing to bank with Ally. We want to make setting up your new Trust Account as simple as possible.

Mail your completed application, opening deposit and any required documentation to:

**Ally Bank P.O. Box 951 Horsham, PA 19044**

### Please provide us the documents below depending on what type of Trust you have:

#### Trust Accounts - Revocable:

- A complete Trust Application and Signature Cards
- Copy of the pages in the Trust Agreement describing the Trust. This includes the formal name of the Trust, the Grantor(s), & Trustee(s)
- Copy of the signature page of the Trust Agreement with Grantor(s) & Trustee(s)
- Copy of pages with Trustee powers provisions and provisions related to incapacity or death of a Trustee
- Copy of the notary page
- Copy of any amendments to the original Trust Agreement
- Original or Certified death certificate(s), if anyone named in the Trust title and/or Trustee(s) is/are deceased
- If the Grantor is NOT a Trustee and is using his/her Social Security Number (SSN), complete section 3 of this application with the Grantor's information

#### Trust Accounts - Irrevocable:

- A complete Trust Application and Signature Cards
- Copy of the pages in the Trust Agreement describing the Trust. This includes the formal name of the Trust, the Grantor(s), & Trustee(s)
- Copy of the signature page of the Trust Agreement with Grantor(s) & Trustee(s)
- Copy of pages with Trustee powers provisions and provisions related to incapacity or death of a Trustee
- Copy of the notary page
- Original or Certified death certificate(s), if anyone named in the Trust title and/or Trustee(s) is/are deceased
- For Testamentary Trusts: provide the cover page of the Last Will & Testament, portions of the Will describing the Trust, signature page of Will, and notary page

**Note:** If any Trustee listed on the application has lived at their address less than 2 years, provide a copy of one of the following for address verification: Driver's License, State Issued ID Card or Utility Bill (no greater than 60 days).

### SECTION 1 - TELL US ABOUT THE TRUST YOU WOULD LIKE TO OPEN

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

Name of Trust (as it appears on the Trust Agreement)

Tax Identification Number for Trust Account(s)

### SECTION 2 - TELL US ABOUT WHAT TYPE OF ACCOUNT(S) YOU WOULD LIKE TO OPEN

Product Type	Amount
<input type="checkbox"/> Interest Checking	\$ _____
<input type="checkbox"/> Online Savings Account	\$ _____
<input type="checkbox"/> Money Market Savings Account	\$ _____
<input type="checkbox"/> No Penalty 11-Month CD	\$ _____
<input type="checkbox"/> Raise Your Rate 2-Year CD	\$ _____
<input type="checkbox"/> Raise Your Rate 4-Year CD	\$ _____
<input type="checkbox"/> High Yield 3-Month CD	\$ _____

Product Type	Amount
<input type="checkbox"/> High Yield 6-Month CD	\$ _____
<input type="checkbox"/> High Yield 9-Month CD	\$ _____
<input type="checkbox"/> High Yield 12-Month CD	\$ _____
<input type="checkbox"/> High Yield 18-Month CD	\$ _____
<input type="checkbox"/> High Yield 3-Year CD	\$ _____
<input type="checkbox"/> High Yield 5-Year CD	\$ _____
Total Amount	_____

**SECTION 3 - GRANTOR/PRIMARY TRUSTEE 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 that 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 view your driver's license or other identifying documents that will assist us in identifying you.

<hr/> <b>First Name, M.I</b>	<hr/> <b>Last Name</b>
<hr/> <b>Social Security Number</b>	<hr/> <b>Date of Birth (mm/dd/yyyy)</b>
<hr/> <b>E-mail Address</b>	<hr/> <b>Home Phone</b>
<hr/> <b>Business Phone</b>	<hr/> <b>Mobile Phone</b>
<hr/> <b>Residential Street Address (no P.O. Boxes)</b>	<hr/> <b>Mailing Street Address (if different than residential)</b>
<hr/> <b>Residential Address Line 2</b>	<hr/> <b>Mailing Address Line 2</b>
<hr/> <b>Residential City, State, and Zip</b>	<hr/> <b>Mailing City, State, and ZIP</b>
<hr/> <i>Please provide a prior residential address if the Grantor/Trustee has been at the above address for less than 5 years</i>	
<hr/> <b>Residential Street Address (no P.O. Boxes)</b>	<hr/> <b>Residential City, State, and ZIP</b>
<hr/> <i>Security Information: Please provide a security question &amp; answer that may be used to identify you when contacting us:</i>	
<hr/> <b>Security Question</b>	<hr/> <b>Security Answer</b>
<hr/> <b>Mother's Maiden Name</b>	

**SECTION 3A - ADDITIONAL TRUSTEE INFORMATION**

<hr/> <b>First Name, M.I</b>	<hr/> <b>Last Name</b>
<hr/> <b>Social Security Number</b>	<hr/> <b>Date of Birth (mm/dd/yyyy)</b>
<hr/> <b>E-mail Address</b>	<hr/> <b>Home Phone</b>
<hr/> <b>Business Phone</b>	<hr/> <b>Mobile Phone</b>
<hr/> <b>Residential Street Address (no P.O. Boxes)</b>	<hr/> <b>Mailing Street Address (if different than residential)</b>
<hr/> <b>Residential Address Line 2</b>	<hr/> <b>Mailing Address Line 2</b>
<hr/> <b>Residential City, State, And ZIP</b>	<hr/> <b>Mailing City, State, and ZIP</b>
<hr/> <i>Please provide a prior residential address if the Trustee has been at the above address for less than 5 years</i>	
<hr/> <b>Residential Street Address (no P.O. Boxes)</b>	<hr/> <b>Residential City, State, and ZIP</b>
<hr/> <i>Security Information: Please provide a security question &amp; answer that may be used to identify you when contacting us:</i>	
<hr/> <b>Security Question</b>	<hr/> <b>Security Answer</b>
<hr/> <b>Mother's Maiden Name</b>	

**SECTION 3A - ADDITIONAL TRUSTEE INFORMATION (IF NECESSARY)**

<hr/> <b>First Name, M.I</b>	<hr/> <b>Last Name</b>
<hr/> <b>Social Security Number</b>	<hr/> <b>Date of Birth (mm/dd/yyyy)</b>
<hr/> <b>E-mail Address</b>	<hr/> <b>Home Phone</b>
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<hr/> <b>Residential Street Address (no P.O. Boxes)</b>	<hr/> <b>Mailing Street Address (if different than residential)</b>
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<hr/> <b>Security Question</b>	<hr/> <b>Security Answer</b>
<hr/> <b>Mother's Maiden Name</b>	

**Please print an additional page if there are additional Trustees**

Ally Bank Trust Application

SECTION 4 - FUND ACCOUNT(S)

If you are a NEW customer:

My check payable to "Ally Bank" is enclosed with this application

Please note we are unable to accept cash deposits, checks payable to alternate payees, foreign checks/currency, or savings bonds

If you are an EXISTING customer:

My check payable to "Ally Bank" is enclosed with this application

Please note we are unable to accept cash deposits, checks payable to alternate payees, foreign checks/currency, or savings bonds

Use funds from existing Ally Interest Checking, Money Market Account, or Online Savings Account on which I am a signer

Account No: \_\_\_\_\_

ACH Transfer from previously registered non-Ally Account:

I authorize Ally Bank to initiate a one-time ACH debit:

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 writing or calling us, provided you allow reasonable time to act on your notification. However, once the ACH transfer has been processed, the transfer request cannot be changed or cancelled

SECTION 5 - ADDITIONAL SERVICES

Debit Card Requested?: Interest Checking Money Market Account Yes No Yes No

Overdraft Service?: Yes No

This service links an Ally Money Market Account 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 incur.

Check Order Requested?: Interest Checking Money Market Account Yes No Yes No

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.

SECTION 6 - ACCOUNT AGREEMENT AND SIGNATURE CARDS

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 account.

Trustee Signature Date

Trustee Signature Date

Trustee Signature Date

Trustee Signature Date

# Ally Bank Trust Application

## Form W-9 Taxpayer Identification Number (TIN) Certification - Complete with the SSN/TIN for the Trust and a Trustee's signature

<b>Request for Taxpayer Identification Number and Certification:</b>		<div style="border: 1px solid black; width: 100px; height: 30px;"></div>
(The Social Security Number or Taxpayer Identification Number listed for the Trust will be used for tax reporting purposes.)		
i. Social Security Number or Taxpayer Identification Number:	_____	Customer Number Internal Use Only
ii. If exempt from back up withholding check this box: EXEMPT	<input type="checkbox"/>	
iii. Certification - Under penalties of perjury, I certify that:		
1. The number set forth above is my correct social security number or taxpayer identification number (or I have applied for and I am writing 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 failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.		
3. I am a U.S. person (including a U.S. resident alien).		
4. I am exempt from Foreign Account Tax Compliance Act reporting.		
<b>Certification Instructions</b> - You must cross out item 2. above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividend on your tax return.		
Trustee Signature	Date	Print Name of Trust
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## Form W-9 Taxpayer Identification Number (TIN) Certification - Complete with the Trustee's personal SSN/TIN and signature

<b>Request for Taxpayer Identification Number and Certification:</b>		<div style="border: 1px solid black; width: 100px; height: 30px;"></div>
(The Social Security Number or Taxpayer Identification Number listed for the Trust will be used for tax reporting purposes.)		
i. Social Security Number or Taxpayer Identification Number:	_____	Customer Number Internal Use Only
ii. If exempt from back up withholding check this box: EXEMPT	<input type="checkbox"/>	
iii. Certification - Under penalties of perjury, I certify that:		
1. The number set forth above is my correct social security number or taxpayer identification number (or I have applied for and I am writing 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 failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.		
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<b>Certification Instructions</b> - You must cross out item 2. above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividend on your tax return.		
Trustee Signature	Date	Print Name of Trustee
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Trustee Signature	Date	Print Name of Trustee
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Please print an additional page if there are additional Trustees