



# 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 DISCLOSURES

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.

**For California Residents and future California Residents, see the Notice of Collection at the end of this form.**

1

### 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)
- Dealer Name: \_\_\_\_\_
- 4 - Ally Retiree     
  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.

2

**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)
RESIDENTIAL ADDRESS (U.S. ADDRESS ONLY / NO PO BOXES)	CITY	STATE
RESIDENTIAL ADDRESS (U.S. ADDRESS ONLY / NO PO BOXES)	CITY	STATE
RESIDENTIAL ADDRESS (U.S. ADDRESS ONLY / NO PO BOXES)	CITY	STATE
E-MAIL ADDRESS	HOME PHONE NUMBER	WORK PHONE NUMBER
DRIVER'S LICENSE NUMBER / STATE ID NUMBER	STATE	ID EXPIRATION DATE (MM/DD/YYYY)



# INVESTMENT FORM

## TYPE OF REGISTRATION - CONTINUED

\_\_\_\_\_  
MOTHER'S MAIDEN NAME (FOR SECURITY)

\_\_\_\_\_  
OCCUPATION

\_\_\_\_\_  
EMPLOYER NAME

\_\_\_\_\_  
EMPLOYER ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

ANNUAL INCOME:  UNDER \$50,000

\$50,000 - \$100,000

ABOVE \$100,000

**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)

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

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
E-MAIL ADDRESS

( ) \_\_\_\_\_  
HOME PHONE NUMBER

( ) \_\_\_\_\_  
WORK PHONE NUMBER

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER / STATE ID NUMBER

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ID EXPIRATION DATE (MM/DD/YYYY)

\_\_\_\_\_  
MOTHER'S MAIDEN NAME (FOR SECURITY)

\_\_\_\_\_  
OCCUPATION

\_\_\_\_\_  
EMPLOYER NAME

\_\_\_\_\_  
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) for all additional owners 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.

**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



# INVESTMENT FORM

## TYPE OF REGISTRATION - CONTINUED

**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](http://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

**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](http://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](http://www.demandnotes.com)), please provide an explanation below to support the exclusion claim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





# INVESTMENT FORM

## 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

6

## 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)

(MM/DD)

Please select either  Bank Account C or  Bank Account D



# INVESTMENT FORM

**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

**Bank Account D:** This must be completed if you are adding Bank Account D 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

## 7

### 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.**



# INVESTMENT FORM

8

**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

**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

**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](http://www.demandnotes.com).**



# INVESTMENT FORM

## Notice of Collection (California Residents Only)

### Collection, Use, and Disclosure of Personal Information

We collect and have collected, used, and disclosed, in the past 12 months, the following categories of Personal Information about California residents:

- Identifiers such as full name, alias, postal address, unique personal identifier, online identifier, Internet Protocol address, email address, telephone number, account title, Social Security number, driver's license number, passport number, or other similar identifiers;
- Personal Information as defined in the California safeguards law such as driver's license or state identification card number, bank account number, debit card number, or any other financial information;
- Protected classification characteristics under California or federal law such as age, citizenship, physical or mental disability, veteran or military status;
- Sensory data such as audio, electronic, or similar information; and
- Professional or employment-related information.

We collect the above categories of Personal Information from the following sources:

- From California residents or authorized agents and parties (e.g., from documents that you provide to us related to the services for which you engage us or through information we collect from you including your employer, in the course of providing services to you);
- Directly and indirectly from your activity on our digital properties (e.g., from submissions through our website portal or website details we collect automatically);
- From third parties (e.g., credit bureaus and consumer data resellers) that interact with us in connection with services and activities we perform; and
- From our affiliates.

We collect and have collected in the past 12 months the above categories of Personal Information for one or more of the following business or commercial purposes:

- To fulfill or meet the reason for which the information was provided. If you provide your personal information to purchase a product or service, we will use that information to process your request;
- To provide, support, and develop our websites, products, and services;
- To create, maintain, customize, and secure your account with us;
- To process your requests, purchases, transactions, and payments and prevent transactional fraud;
- To provide you with support and to respond to your inquiries, including to investigate and address your concerns and monitor and improve our response;
- To personalize your website experience and to deliver relevant content and product and service offerings, including targeted offers and ads through our websites, third-party sites, and via email or text message (with your consent, where required by law);
- To help maintain the safety, security, and integrity of our business websites, products and services, databases and other technology assets;
- For testing, research, analysis, and product development, including to develop and improve our websites, products, and services;
- To respond to law enforcement requests and as required by applicable law, court order, or governmental regulations; and
- As described to you when collecting your personal information or as otherwise set forth in the CCPA.

We will not collect additional categories of Personal Information or use Personal Information we collect for purposes not disclosed within this form.

For additional information, please read our CCPA Disclosure for California Residents, which is located at <https://www.ally.com/privacy>.