

To participate in Demand Notes, eligible GM family members must complete the eight steps below, including a set of Redemption Banking instructions, have all owners sign the investment form and mail it, along with your initial investment (personal check only), in the envelope provided to:

Mail to: GMAC Demand Notes, 154-0510
The Bank of New York Mellon
P.O. Box 535030
Pittsburgh, PA 15253-5030

Overnight to: GMAC Demand Notes, 154-0510
The Bank of New York Mellon
500 Ross Street
Pittsburgh, PA 15262

☆☆ Refer to the attached instruction sheet for details on how to complete certain sections of this form. **All information is required.**

1 TELL US WHICH ELIGIBILITY CATEGORY BEST DESCRIBES YOU: ☆☆ Please fill in your corresponding category number.

2 TYPE OF REGISTRATION: ☆☆ Individual Joint Custodial Trust Corporate (Check one type and complete information below.)

A. Primary Owner (Individual, Custodian and Trustee)

OWNER (FIRST, MIDDLE, LAST)	SOCIAL SECURITY NUMBER
DRIVER'S LICENSE NUMBER/STATE ID NUMBER STATE	DATE OF BIRTH (MM/DD/YYYY)
RESIDENTIAL ADDRESS (U.S. ADDRESS ONLY/NO P.O. BOXES)	
CITY	STATE/ZIP CODE
EMAIL ADDRESS (IF AVAILABLE) ()	MOTHER'S MAIDEN NAME (FOR SECURITY) ()
HOME PHONE NUMBER W/ AREA CODE	WORK PHONE NUMBER W/ AREA CODE

B. Joint Owner/Co-Trustee

JOINT OWNER (FIRST, MIDDLE, LAST)	SOCIAL SECURITY NUMBER
DRIVER'S LICENSE NUMBER/STATE ID NUMBER STATE	DATE OF BIRTH (MM/DD/YYYY)
RESIDENTIAL ADDRESS (U.S. ADDRESS ONLY/NO P.O. BOXES)	
CITY	STATE/ZIP CODE
EMAIL ADDRESS (IF AVAILABLE) ()	MOTHER'S MAIDEN NAME (FOR SECURITY) ()
HOME PHONE NUMBER W/ AREA CODE	WORK PHONE NUMBER W/ AREA CODE

B. Joint Owner/Co-Trustee

JOINT OWNER (FIRST, MIDDLE, LAST)	SOCIAL SECURITY NUMBER
DRIVER'S LICENSE NUMBER/STATE ID NUMBER STATE	DATE OF BIRTH (MM/DD/YYYY)
RESIDENTIAL ADDRESS (U.S. ADDRESS ONLY/NO P.O. BOXES)	
CITY	STATE/ZIP CODE
EMAIL ADDRESS (IF AVAILABLE) ()	MOTHER'S MAIDEN NAME (FOR SECURITY) ()
HOME PHONE NUMBER W/ AREA CODE	WORK PHONE NUMBER W/ AREA CODE

B. Joint Owner/Co-Trustee

JOINT OWNER (FIRST, MIDDLE, LAST)	SOCIAL SECURITY NUMBER
DRIVER'S LICENSE NUMBER/STATE ID NUMBER STATE	DATE OF BIRTH (MM/DD/YYYY)
RESIDENTIAL ADDRESS (U.S. ADDRESS ONLY/NO P.O. BOXES)	
CITY	STATE/ZIP CODE
EMAIL ADDRESS (IF AVAILABLE) ()	MOTHER'S MAIDEN NAME (FOR SECURITY) ()
HOME PHONE NUMBER W/ AREA CODE	WORK PHONE NUMBER W/ AREA CODE

Note: If there are more than four owners for this Demand Notes, 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.

2

TYPE OF REGISTRATION CONTINUED

C. Custodial (Under Uniform Gift to Minors Act)

MINOR'S NAME (FIRST, MIDDLE, LAST)	MINOR'S STATE OF RESIDENCE
MINOR'S DATE OF BIRTH (MM/DD/YYYY)	MINOR'S SOCIAL SECURITY NUMBER
RESIDENTIAL ADDRESS (U.S. ADDRESS ONLY/NO P.O. BOXES)	
CITY	STATE/ZIP CODE
MOTHER'S MAIDEN NAME (FOR SECURITY)	

D. Trust (Required: Copies of first three and last three pages of trust document and any additional pages naming the trustees ☆ ☆)

TRUST TITLE	
DATE OF TRUST AGREEMENT	TRUST TAX ID NUMBER

E. Partnership, Corporation, Association, LLC or Other (Required: Original Corporate Resolution document ☆ ☆)

PARTNERSHIP, CORPORATION, ASSOCIATION OR LLC NAME	TAX ID NUMBER
PRINCIPAL BUSINESS ADDRESS (U.S. ADDRESS ONLY/NO P.O. BOXES)	
CITY	STATE/ZIP CODE

Type of Organization Code 01-Partnership 02-Corporation 03-Association 04-LLC 05-Other

WEB SITE ADDRESS (IF AVAILABLE)

3

ADDRESSES

A. Registered Address Used for checks and all mailings. (U.S. address only/no P.O. Boxes—All information is required)

STREET ADDRESS	
CITY	STATE/ZIP CODE

B. Seasonal Address Used for checks and all mailings. (U.S. address only/no P.O. Boxes—All information is required; please leave blank if you do not have a seasonal address)

STREET ADDRESS	
CITY	STATE/ZIP CODE
SEASONAL ADDRESS START DATE (MM/DD/YYYY)	SEASONAL ADDRESS END DATE (MM/DD/YYYY)
() -	
PHONE NUMBER W/ AREA CODE	

4

INITIAL INVESTMENT

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

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

5

ELECTRONIC INVESTMENT OPTIONS (You may choose any or all of the following options. Indicate your designated bank account information below in the shaded box.)

Automatic Monthly ACH Investment: I (we) understand my (our) automatic monthly ACH investment in the amount of \$ _____ will occur on or about the _____ day of the month (\$50 minimum; funds available on the sixth business day after the date of credit).

Please select either: **Bank Account A** or **Bank Account B**

Additional Automatic Monthly ACH Investment: I (we) understand my (our) automatic monthly ACH investment in the amount of \$ _____ will occur on or about the _____ day of the month (\$50 minimum; funds available on the sixth business day after the date of credit).

Please select either: **Bank Account A** or **Bank Account B**

Telephone Investment (Select this option if you want to invest in your Demand Notes by telephone.)

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 or changing Bank Account A for one of the investment options above. Attach a voided blank check for a checking account or a deposit slip for a savings account.)

Please check one type of account only: **Checking** **Savings**

NAME(S) OF ACCOUNT HOLDER(S)

BANK NAME

CITY, STATE, ZIP CODE

BANK ACCOUNT NUMBER

ABA ROUTING NUMBER (9 DIGITS)

()

BANK PHONE NUMBER W/AREA CODE

Bank Account B (This must be completed if you are adding or changing Bank Account B for one of the investment options above. Attach a voided blank check for a checking account or a deposit slip for a savings account.)

Please check one type of account only: **Checking** **Savings**

NAME(S) OF ACCOUNT HOLDER(S)

BANK NAME

CITY, STATE, ZIP CODE

BANK ACCOUNT NUMBER

ABA ROUTING NUMBER (9 DIGITS)

()

BANK PHONE NUMBER W/AREA CODE

6

REDEMPTION OPTIONS (You must provide at least one set of banking instructions for electronic redemption purposes in place of bank issued checks for full or partial redemption. (This is not in reference to your redemption checks.) Indicate your designated bank account information in the shaded box on the following page. If these instructions are missing this Form will be returned to you. Bank accounts may be the same or different from those listed above. Even if accounts are the same, please list them again on the following page.)

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

ACH Redemption (\$250 minimum)

Automated Phone System

Please select either: **Bank Account C** or **Bank Account D**

Customer Service Representative

Please select one or both: **Bank Account C** and/or **Bank Account D**

Automatic ACH Redemption (To use this option, you must maintain a minimum balance of \$5,000 in your Demand Notes, and you must provide at least one set of designated bank instructions. The funds will be electronically sent to the bank you have designated.)

I (we) authorize the processing agent to redeem a part of my (our) Demand Notes for the period checked below.

I (we) want my (our) automatic redemption proceeds of \$ _____ (\$100 minimum): **Monthly** **Quarterly** (March, June, September, December)

Please select either: **Bank Account C** or **Bank Account D**

Monthly Interest ACH Redemption (To use this option, you must maintain a minimum balance of \$5,000 in your Demand Notes, and you must provide at least one set of designated bank instructions. The funds will be electronically sent to the bank you have designated.)

Please select either: **Bank Account C** or **Bank Account D**

WireTransfer (\$1,000 minimum)

Automated Phone System

Please select either: **Bank Account C** or **Bank Account D**

Customer Service Representative

Please select one or both: **Bank Account C** and/or **Bank Account D**

6

REDEMPTION OPTIONS BANK DESIGNATION(S)

Bank Account C (This must be completed if you are adding or changing Bank Account C for one of the redemption options above. Attach a voided blank check for a checking account or a deposit slip for a savings account.)

Please check one type of account only: Checking Savings

NAME(S) OF ACCOUNT HOLDER(S)	BANK ACCOUNT NUMBER
BANK NAME	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CITY, STATE, ZIP CODE	BANK PHONE NUMBER W/AREA CODE

Bank Account D (This must be completed if you are adding or changing Bank Account D for one of the redemption options above. Attach a voided blank check for a checking account or a deposit slip for a savings account.)

Please check one type of account only: Checking Savings

NAME(S) OF ACCOUNT HOLDER(S)	BANK ACCOUNT NUMBER
BANK NAME	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CITY, STATE, ZIP CODE	BANK PHONE NUMBER W/AREA CODE

7

SIGNATURES AND TAXPAYER CERTIFICATION *(Signatures are required for processing.)*

By signing this form, I (we) certify that I (we) have received, and agree to be bound by the terms and description of Demand Notes as contained in the Prospectus, and acknowledge that the 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 Demand Notes, all as described in the Prospectus. I (we) have legal capacity and meet the eligibility requirements to invest in GMAC Demand Notes pursuant to this investment form.

Further, under penalties of perjury, I (we) 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 (we) am (are) not subject to backup withholding because I (we) have not been notified by the Internal Revenue Service that I (we) am (are) subject to such withholding, or the Internal Revenue Service has notified me (us) that I (we) am (are) no longer subject to backup withholding. Check box below if applicable.

I (we) am (are) 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, CORPORATION OR TRUSTEE)	PRINTED NAME	DATE
WRITTEN SIGNATURE OF JOINT OWNER(S) OR CO-TRUSTEE(S) (IF APPLICABLE)	PRINTED NAME	DATE
WRITTEN SIGNATURE OF JOINT OWNER(S) OR CO-TRUSTEE(S) (IF APPLICABLE)	PRINTED NAME	DATE
WRITTEN SIGNATURE OF JOINT OWNER(S) OR CO-TRUSTEE(S) (IF APPLICABLE)	PRINTED NAME	DATE
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