

**Use this form to change from an Individual/Joint type Note to a Trust or to change the Trustee/Co-trustee**

If the tax ID assigned to the trust is different than the primary social security number currently registered on the Demand Notes, a new Demand Notes will have to be opened. Please contact the Demand Notes Service Center for further instructions (1-800-684-8823, M-F from 8am to 7pm ET).

**Please provide the following information.** (Information in all fields applicable to your Demand Notes change is required).

DemandNotes number 9000-

PRINT NAME

LAST 6-DIGITS SSN

DAYTIME PHONE NUMBER WITH AREA CODE

**1 Change from a Individual/Joint type Demand Notes to a Trust Demand Notes.**

**Trust Information:** Provide the titling information as stated on your Trust in this section. You are also required to provide a copy of your Trust Document. At a minimum, provide the first three and last three pages or provide the pages that state the title, Trustees, Successor Trustees and signature page. All Trustee(s)/Co-Trustee(s) must sign in section 4 and obtain **signature guarantee stamps for each signature.**

TRUST TITLE

DATE OF TRUST AGREEMENT

TRUST TAX ID

Check this box if the current registered owners will be titled as Trustee/Co-Trustee.

**2 Ownership Change(s): Please check the type of change and follow the instructions noted.**

**To Add a Trustee/Co-Trustee**

*Please complete all of the information requested. Also, if applicable, include the amendment to the Trust which designates the new Trustee(s)/Co-Trustee(s) or any documents that may be required by the Trust to support this change.*

**Signature and signature guarantee stamps are required for all current and new Trustee(s)/Co-Trustee(s).**

*If the Successor Trustee(s) has changed and you want to update your Demand Notes records, please provide copies of the documents that support this change. Until the Successor Trustee(s) becomes Trustee(s), you do not have to complete this form.*

**1**

NAME

DRIVER'S LICENSE NUMBER/STATE ID NUMBER

RESIDENTIAL ADDRESS (U.S. ADDRESS ONLY/ NO P.O. BOXES)

CITY

STATE/ZIP CODE

SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YYYY)

MOTHER'S MAIDEN NAME (FOR SECURITY)

( )

( )

HOME PHONE

WORK PHONE

EMAIL ADDRESS

**2**

NAME

DRIVER'S LICENSE NUMBER/STATE ID NUMBER

RESIDENTIAL ADDRESS (U.S. ADDRESS ONLY/ NO P.O. BOXES)

CITY

STATE/ZIP CODE

SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YYYY)

MOTHER'S MAIDEN NAME (FOR SECURITY)

( )

( )

HOME PHONE

WORK PHONE

EMAIL ADDRESS

2

**Ownership Change(s) Continued: Please check the type of change and follow the instructions noted.**

**To Remove an Owner/Trustee/Co-Trustee**

*If applicable, please include any amendments that support the removal of the Trustee/Co-Trustee. This section can also be used to remove an owner registered on your joint Demand Notes that will not be listed as a Trustee or Co-Trustee. Signatures and signature guarantee stamps must be provided for each Owner/Trustee/Co-Trustee; unless removed due to death – which requires the submission of an original death certificate.*

\_\_\_\_\_  
PRINT NAME TO BE REMOVED

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

3

**Checkbook Reorder Request.**

Please check this box to request an order of new redemption checks reflecting the changes requested on this form. Checkbook will be mailed to the address on file.

4

**Signature and Taxpayer Certification (*Signatures are required for processing*).**

By signing this form, under penalty of perjury, 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 requirement to invest in GMAC Demand Notes pursuant to this investment form; and that the Social Security or taxpayer identification number provided on this form is correct. 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 code.

\_\_\_\_\_  
WRITTEN SIGNATURE (INDIVIDUAL, CUSTODIAN, CORPORATION OR TRUSTEE)

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE GUARANTEE STAMP

\_\_\_\_\_  
WRITTEN SIGNATURE (INDIVIDUAL, CUSTODIAN, CORPORATION OR TRUSTEE)

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE GUARANTEE STAMP

\_\_\_\_\_  
WRITTEN SIGNATURE (INDIVIDUAL, CUSTODIAN, CORPORATION OR TRUSTEE)

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE GUARANTEE STAMP

\_\_\_\_\_  
WRITTEN SIGNATURE (INDIVIDUAL, CUSTODIAN, CORPORATION OR TRUSTEE)

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE GUARANTEE STAMP

\_\_\_\_\_  
WRITTEN SIGNATURE (INDIVIDUAL, CUSTODIAN, CORPORATION OR TRUSTEE)

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE GUARANTEE STAMP

\_\_\_\_\_  
WRITTEN SIGNATURE (INDIVIDUAL, CUSTODIAN, CORPORATION OR TRUSTEE)

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE GUARANTEE STAMP

5

**Helpful Hints.**

**A Signature Guarantee** is designed to protect you and GMAC Demand Notes against improper transactions or requests by unauthorized persons. It can be obtained from a bank or financial institution. A signature guarantee is required for certain ownership changes, to add or change bank account information and to add or change redemption options. Each owner must have their signature guaranteed. Do not obtain one stamp for all owners. A notary stamp will not be accepted.

**Before You Mail:**

1. **Make certain your Demand Notes number, Social Security/tax ID number, printed name and daytime phone number are provided.**
2. **Verify that the information supplied on this form is complete and accurate.**
3. **Verify that all owners have signed the form and a signature guarantee stamp has been obtained for each.**
4. **Make sure all documents and/or original death certificates that support the changes are included with this form.**
5. **Call 1-800-684-8823, M-F from 8am to 7pm ET with any questions regarding this form.**

**Mail completed form to:**

**GMAC Demand Notes  
P.O. Box 358425  
Pittsburgh, PA 15252-8425**

**Or overnight to:**

**GMAC Demand Notes  
MCSC  
500 Ross Street  
Room 154-0675  
Pittsburgh, PA 15262**