

# CHANGE FORM

Instructions: For each numbered section, please check the box for the desired changes and follow the instructions noted.

Please begin by providing the following information:

Right Notes<sup>SM</sup> number 9380-

PRINT NAME (FIRST, MIDDLE, LAST)

SOCIAL SECURITY NUMBER

( )

DAYTIME PHONE NUMBER

1

## ADDRESS CHANGE

**Registered (mailing address)**

Complete this section to change your registered address.

MAILING ADDRESS (U.S. ADDRESS ONLY)

CITY

STATE/ZIP CODE

**Seasonal**

Complete this section to add, change, or delete your seasonal address.

Seasonal address is only valid during dates requested. You must update this address to indicate future dates.

Add  Change  Delete

SEASONAL ADDRESS (U.S. ADDRESS ONLY/NO PO BOXES)

CITY

STATE/ZIP CODE

SEASONAL ADDRESS START DATE (MM/DD/YYYY)

SEASONAL ADDRESS END DATE (MM/DD/YYYY)

2

**OWNERSHIP CHANGE(S)** To add or remove the Primary Account Holder, to change existing Social Security numbers, or to make changes due to a death, call the Service Center at 1-844-556-1485, Monday through Friday 8 a.m. to 7 p.m. ET

**Add Non-Primary Owner**

In order to process this change you must complete all fields, have all owners sign in section 5.

PRINT NAME(S) TO BE ADDED

DRIVER'S LICENSE NUMBER/STATE ID NUMBER

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

CITY

STATE/ZIP CODE

SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YYYY)

MOTHER'S MAIDEN NAME (FOR SECURITY)

( )

( )

HOME PHONE NUMBER

WORK PHONE NUMBER

EMAIL ADDRESS (IF AVAILABLE)

**Remove Non-Primary Owner**

All remaining owners must sign in section 5 including the owner being removed if applicable.

PRINT NAME(S) TO BE REMOVED

SOCIAL SECURITY NUMBER

3

## CHANGE PERSONAL INFORMATION

**Name**

To change your name, a copy of the marriage certificate or original or certified copies of other legal documents substantiating the name change must be submitted along with this form. These forms will not be returned to you.

PRINT PREVIOUS NAME

SIGNATURE PREVIOUS NAME

PRINT NEW NAME

SIGNATURE NEW NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YYYY)

**Residential Address**

If your residential address is changing and is different than your mailing address, please use the space provided.

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

CITY

STATE/ZIP CODE

( )

( )

HOME PHONE NUMBER

WORK PHONE NUMBER

# 4

**ADD OR CHANGE BANK ACCOUNT INSTRUCTIONS** You must have at least one bank account on file in order to complete electronic transactions with your GM Financial Right Notes. Please attach a voided blank 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 particular Right Notes number. Only U.S. bank accounts are allowed. If you are adding or making changes to established banking instructions, each owner must sign section 5.

**Bank Account:** This must be completed if you are adding or changing a Bank Account.

Please check one:             Add                     Delete

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

If you would like to complete same day wire transactions with this bank account, check here and confirm that the wire transfer routing number for your bank is same as the routing number listed on your checks.

If the wire transfer routing number is different, please enter it here: \_\_\_\_\_

5

**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 the GM Financial Right Notes Program as contained in the Prospectus and acknowledge that the GM Financial Right 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 Right Notes, all as described in the Prospectus. I have legal capacity and meet the eligibility requirements to invest in GM Financial Right 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. citizen or resident alien) and that the FACTA code(s) entered on this form (if any) indicating that I am exempt from FACTA reporting is correct. 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 due to failure to report interest and dividend income, 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, CORPORATION OR TRUSTEE)	PRINTED NAME	DATE	SIGNATURE GUARANTEE STAMP
WRITTEN SIGNATURE (INDIVIDUAL, CUSTODIAN, CORPORATION OR TRUSTEE)	PRINTED NAME	DATE	SIGNATURE GUARANTEE STAMP
WRITTEN SIGNATURE (INDIVIDUAL, CUSTODIAN, CORPORATION OR TRUSTEE)	PRINTED NAME	DATE	SIGNATURE GUARANTEE STAMP
WRITTEN SIGNATURE (INDIVIDUAL, CUSTODIAN, CORPORATION OR TRUSTEE)	PRINTED NAME	DATE	SIGNATURE GUARANTEE STAMP
WRITTEN SIGNATURE (INDIVIDUAL, CUSTODIAN, CORPORATION OR TRUSTEE)	PRINTED NAME	DATE	SIGNATURE GUARANTEE STAMP

6

**Before You Mail:**

\_\_ Make certain your Right Notes number, Social Security/tax ID number, printed name and daytime phone number are provided.

\_\_ Verify the information supplied on this form is complete and accurate.

\_\_ Verify that all owners have signed and dated the request and provide a valid and non-expiry copy of one of the following for each: US Driver's License, US State ID, Passport or Passport Card.

\_\_ If required, enclose a voided blank check or deposit slip or supporting documents.

Call 1-844-556-1485 with any questions regarding this form, M-F from 8 a.m. to 7 p.m. ET. This form is also available on the web site at [www.rightnotes.com](http://www.rightnotes.com)

Mail completed form to:  
GM Financial RightNotes  
PO Box 534016  
Pittsburgh, PA 15253-4016

Or overnight to:

GM Financial Right Notes  
The Bank of New York Mellon  
500 Ross Street  
Room 154-0510  
Pittsburgh, PA 15262