

You must return this Registration Form by October 1, 2004 (to allow for processing by November 1). **Important: If the Form is not returned in time, you will not have access to your Demand Notes beginning November 1, 2004.** Not having access means you will not be able to write checks, use Demand Notes for automatic bill payment, or perform any financial transactions on your Demand Notes. You will be notified if you fail to provide all of the information below.

☆☆ Refer to the attached instruction sheet for details on how to complete certain sections of this Form. **(Information in all fields applicable to your Demand Notes is required.)**

DemandNotes number 901-

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 all information below.)*

A. Primary Owner (Individual, Custodian and Trustee) Please correct pre-printed information as necessary, and complete any additional fields.

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 Please correct pre-printed information as necessary, and complete any additional fields.

JOINT OWNER (FIRST, MIDDLE, LAST)		SOCIAL SECURITY NUMBER
DRIVER'S LICENSE NUMBER/STATE ID NUMBER		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 Please correct pre-printed information as necessary, and complete any additional fields.

JOINT OWNER (FIRST, MIDDLE, LAST)		SOCIAL SECURITY NUMBER
DRIVER'S LICENSE NUMBER/STATE ID NUMBER		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 Please correct pre-printed information as necessary, and complete any additional fields.

JOINT OWNER (FIRST, MIDDLE, LAST)		SOCIAL SECURITY NUMBER
DRIVER'S LICENSE NUMBER/STATE ID NUMBER		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 Note, you must provide the same information as requested of all joint owners and co-trustees 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 Note is six.

2

TYPE OF REGISTRATION *CONTINUED***C. Custodial** (Under Uniform Gift to Minors Act) *Please correct pre-printed information as necessary, and complete any additional fields.*

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 pages naming trustees) *Please correct pre-printed information as necessary, and complete any additional fields.*

TRUST TITLE

DATE OF TRUST AGREEMENT

TRUST TAX ID

E. Partnership, Corporation, Association, LLC or Other (Required: Original corporate resolution document)*Please correct pre-printed information as necessary, and complete any additional fields.*

PARTNERSHIP, CORPORATION, ASSOCIATION OR LLC NAME

TAX ID

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 _____

WEBSITE ADDRESS (IF AVAILABLE)

3

ADDRESSES *Please correct pre-printed information as necessary, and complete any additional fields.***A. Registered Address** Used for checks and all mailings. (U.S. address only/no P.O. Boxes—**If applicable, 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—**If applicable, all information is required**)

STREET ADDRESS

CITY

STATE/ZIP CODE

SEASONAL ADDRESS START DATE (MM/DD/YY)

() -

SEASONAL ADDRESS END DATE (MM/DD/YY)

PHONE NUMBER W/ AREA CODE

4

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

Note: The instructions you provide in this section are effective November 1, 2004. If they change how you currently manage your Demand Notes and you want them to be effective immediately, please contact The Northern Trust Company.

Automatic Monthly Investment: I (we) understand my (our) automatic monthly 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 Investment: I (we) understand my (our) automatic monthly 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 (All information *must* be completed if you selected Bank Account A for one of the investment options above.)

Please check one type of account only: **Checking** **Savings** (Please attach a voided blank check or deposit slip.)

NAME(S) OF ACCOUNT HOLDER(S)

BANK NAME

CITY, STATE, ZIP CODE

ACCOUNT NUMBER

ABA ROUTING NUMBER (9 DIGITS)

() -

PHONE NUMBER W/ AREA CODE

Bank Account B (All information *must* be completed if you selected Bank Account B for one of the investment options above.)

Please check one type of account only: **Checking** **Savings** (Please attach a voided blank check or deposit slip.)

NAME(S) OF ACCOUNT HOLDER(S)

BANK NAME

CITY, STATE, ZIP CODE

ACCOUNT NUMBER

ABA ROUTING NUMBER (9 DIGITS)

() -

PHONE NUMBER W/ AREA CODE

5

REDEMPTION OPTIONS (You must provide at least one set of banking instructions for redemption purposes. Indicate your designated bank account information in the shaded box on the following page. 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. If you do not provide a set of banking instructions, you will be charged a fee if a bank check must be issued.)

Note: The instructions you provide in this section are effective November 1, 2004. If they change how you currently manage your Demand Notes and you want them to be effective immediately, please contact The Northern Trust Company.

Redemption Checks (All investors will receive new Demand Notes checks.)

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

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**

Wire Redemption (\$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**

5

REDEMPTION OPTIONS BANK DESIGNATION(S)

Bank Account C (All information *must* be completed if you selected Bank Account C for one of the investment options on the previous page.)

Please check one type of account only: Checking Savings (Please attach a voided blank check or deposit slip.)

NAME(S) OF ACCOUNT HOLDER(S)	ACCOUNT NUMBER
BANK NAME	ABA ROUTING NUMBER (9 DIGITS)
CITY, STATE, ZIP CODE	PHONE NUMBER W/AREA CODE

Bank Account D (This *must* be completed if you selected Bank Account D for one of the investment options on the previous page.)

Please check one type of account only: Checking Savings (Please attach a voided blank check or deposit slip.)

NAME(S) OF ACCOUNT HOLDER(S)	ACCOUNT NUMBER
BANK NAME	ABA ROUTING NUMBER (9 DIGITS)
CITY, STATE, ZIP CODE	PHONE NUMBER W/AREA CODE

6

OPT OUT OF INTERNET ACCESS

I (we) want to opt out of Internet access for my (our) Demand Notes.

7

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

By signing this form, under penalty of perjury, I (we) certify that I (we) have received, read and agree to be bound by the terms of the Demand Notes program as contained in the Prospectus; I also agree and understand that GMAC may amend or modify the Program at any time it deems necessary or appropriate; that I (we) have legal capacity and meet the eligibility requirements to invest in GMAC Demand Notes pursuant to this investment form; and that the Social Security number or taxpayer identification 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 Service Code.

SIGNATURE (INDIVIDUAL, CUSTODIAN, CORPORATION OR TRUSTEE)	DATE
SIGNATURE OF JOINT OWNER(S) OR CO-TRUSTEE(S) (IF APPLICABLE)	DATE
SIGNATURE OF JOINT OWNER(S) OR CO-TRUSTEE(S) (IF APPLICABLE)	DATE
SIGNATURE OF JOINT OWNER(S) OR CO-TRUSTEE(S) (IF APPLICABLE)	DATE