



**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:*

IncomeDriver Note™ Number: \_\_\_\_\_

**PRIMARY NOTE HOLDER**

PRINT NAME (FIRST, MIDDLE, LAST OR ENTITY NAME)
SOCIAL SECURITY NUMBER / FEDERAL TAX IDENTIFICATION NUMBER
DAYTIME PHONE NUMBER

**JOINT NOTE HOLDER (FIRST)**

PRINT NAME (FIRST, MIDDLE, LAST OR ENTITY NAME)
SOCIAL SECURITY NUMBER / FEDERAL TAX IDENTIFICATION NUMBER
DAYTIME PHONE NUMBER

**JOINT NOTE HOLDER (SECOND)**

PRINT NAME (FIRST, MIDDLE, LAST OR ENTITY NAME)
SOCIAL SECURITY NUMBER / FEDERAL TAX IDENTIFICATION 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. During any period a seasonal address is in effect, all mailed IncomeDriver Note™ correspondence will be sent to the seasonal address.

- ADD**       **CHANGE**       **DELETE**

MAILING ADDRESS (U.S. ADDRESS ONLY)	
CITY	STATE / ZIP CODE
SEASONAL ADDRESS START DATE (MM/DD/YYYY)	END DATE (MM/DD/YYYY)

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**OWNERSHIP CHANGE(S)** To add or remove the Primary Note Holder, to change existing Social Security numbers, or to make changes due to a death, call the Service Center at 844-464-4673, Monday through Friday, 8am to 7pm ET.

**Add Non-Primary Owner**

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

\_\_\_\_\_  
PRINT NAME(S) TO BE ADDED

\_\_\_\_\_  
DRIVER 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 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 certified copies of other legal documents substantiating the name change must be submitted 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 (U.S. ADDRESS ONLY/NO PO BOXES))

\_\_\_\_\_  
CITY STATE / ZIP CODE

\_\_\_\_\_  
HOME PHONE NUMBER WORK PHONE NUMBER

**Residential Address**

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



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**ELECTRONIC BANK DESIGNATION** You must have at least one bank account on file in order to complete electronic transactions with your IncomeDriver Note™. 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 voided check or deposit slip must match at least one of the IncomeDriver Note™ owners. The IncomeDriver Note™ owners signing this form agree that they are authorized on the Bank Account to provide the Bank Account instructions in this form. Only U.S. Bank accounts are allowed.

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

Please check one:  ADD  CHANGE  
Please check one type of account only:  CHECKING  SAVINGS

NAME(S) OF ACCOUNT HOLDER(S) BANK ACCOUNT NUMBER  
BANK NAME ABA ROUTING NUMBER  
CITY, STATE, ZIP CODE BANK PHONE NUMBER

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 IncomeDriver Notes™ as contained in the Prospectus, and acknowledge that Toyota Motor Credit Corporation 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 IncomeDriver Note™, all as described in the Prospectus. I have legal capacity and meet the eligibility requirements to invest in IncomeDriver Notes™ pursuant to this investment form. For IncomeDriver Notes™ with joint owners, all owners must sign this form. On other IncomeDriver Note™ ownership types, all persons required to bind each IncomeDriver Note™ owner must sign this 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, CORPORATION OR TRUSTEE) PRINTED NAME  
WRITTEN SIGNATURE (INDIVIDUAL, CUSTODIAN, CORPORATION OR TRUSTEE) PRINTED NAME  
WRITTEN SIGNATURE (INDIVIDUAL, CUSTODIAN, CORPORATION OR TRUSTEE) PRINTED NAME

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**BEFORE YOU MAIL**

- Make certain your IncomeDriver Note™ 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 this form and provided a valid and non-expired 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 844-464-4673 with any questions regarding this form, Monday through Friday, 8am to 7pm ET. This form is also available on the web site at <https://incomedrivernotes.com/change-form.pdf>.

Mail to: Toyota Financial Services IncomeDriver Notes™, P.O. Box 534050, Pittsburgh, PA 15253-4050

INCOMEDRIVER NOTES™ DO NOT CONSTITUTE AN INVESTMENT OF ANY TYPE WITH THE PROCESSING AGENT. REFERENCE IS HEREBY MADE TO THE PROSPECTUS FOR A FULL DESCRIPTION OF THE PROCESSING AGENT'S DUTIES AND FOR COMPLETE INFORMATION CONCERNING THE NOTES. SUCH PROSPECTUS SHALL PREVAIL OVER THIS FORM TO THE EXTENT OF ANY CONFLICT OR INCONSISTENCY.