

In accordance with the USA PATRIOT Act (SECTION 326): To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

### Return your completed Membership Enrollment Agreement to Alliant

Be sure to include a photocopy of valid U.S. government- or state-issued photo ID or a Passport for all applicants age 18 and older on the account. If you include a Passport or the address on your ID is different from the address provided, also include a photocopy of documentation verifying your home address such as a utility bill or lease agreement.

### If you have ever established a Fraud Victim Alert

If at anytime you and/or the joint applicant on your account (if applicable) established a **Fraud Victim Alert** with a credit bureau, please include a photocopy of **three** forms of identification for each applicant on the account, one from each of the categories below:

- **Valid U.S. government- or state-issued photo identification such as:** U.S. driver's license, state or military ID, Passport
- **Documentation verifying your home address such as:** utility bill, lease agreement
- **U.S. government- or state-issued personal documentation such as:** social security card, birth certificate, permanent resident card

### If you have a Credit Freeze on your account

**Please check this box.** If checked, an Alliant Account Services Representative will contact you upon receipt of your agreement so you can remove your credit freeze and complete the enrollment process.

If you have questions, contact Alliant toll-free at 800-328-1935 (24/7).

## Membership Enrollment Agreement

for office use only Member Account Number \_\_\_\_\_

### 1. Membership Eligibility<sup>1</sup>

- Please check one**
- I am an employee or member of
- Name of Employer/Organization \_\_\_\_\_ Employee ID Number (if applicable) \_\_\_\_\_
- I live or work in a qualifying community
- City \_\_\_\_\_ State \_\_\_\_\_
- I would like to support the Orphan Foundation of America by becoming a member, compliments of Alliant Credit Union<sup>†</sup>

† To assist you in becoming a member of the Orphan Foundation of America (OFA), Alliant Credit Union will make a one-time \$10 donation to OFA on your behalf and provide your information to OFA to enroll you for membership. Through this process, you will become a member of OFA and will receive literature and other information from OFA.

### 2. Account Ownership

- Single or  Joint The ownership selected here will apply to the savings account and any sub-accounts selected here.

### 3. Account Selection

**Receive a complimentary \$5 initial savings deposit** when you open an Alliant savings account.<sup>2</sup>

- Savings** – Membership requires a savings account.

- Free Basic Checking** – Includes a free VISA® Debit Card (issued to all owners) and the first box of checks is free.

#### Add a high rate to your free checking<sup>3</sup> – It's easy...

Enjoy all the features of basic checking, plus earn a high rate<sup>3</sup> dividend when you:

- Opt out of paper statements and receive eStatements through Alliant's secure online banking. To opt out, visit Alliant Online Banking at [www.alliantcreditunion.org](http://www.alliantcreditunion.org), click on "e-statements" and follow the prompts. **AND**
- Have a recurring monthly electronic deposit to your Alliant checking account (e.g., direct deposit, payroll deposit, ATM deposit, eDeposit, eDeposit<sup>Plus</sup> or transfer from another financial institution, see section #7).

### 4. Account Options

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <b>YES</b>               | <b>NO</b>                |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Free Checks</b> – Your first box of checks is free.  |
|                          |                          | Check Style: <input type="checkbox"/> Duplicate or <input type="checkbox"/> Single  |
|                          |                          | Check Starting Number (use 101 or higher): _____  |
|                          |                          | Additional information printed on checks: _____   |
|                          | <b>YES</b>               | <b>NO</b>   |
|                          | <input type="checkbox"/> | <input type="checkbox"/>  |
|                          | <input type="checkbox"/> | <input type="checkbox"/>  |
|                          | <input type="checkbox"/> | <input type="checkbox"/>  |
|                          | <input type="checkbox"/> | <input type="checkbox"/>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>VISA® Debit Card</b> – ATM access to make deposits/withdrawals from savings and checking and to make purchases instead of writing checks. Only available with an Alliant savings and checking account. |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Checking Account Overdraft Protection</b> – Transfer money from my savings account only (subject to overdraft transfer fee).   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Convenience Card</b> – ATM card for your <b>Alliant savings account</b> . Available to members age 12 and older with an Alliant savings account.   |

*Note: Printed checks and card(s) will be mailed to the address on record for the Applicant.*

### 5. Applicant Information

If the applicant is under 18, the parent, grandparent or guardian must be a joint applicant on the account.

\*U.S. Citizen or U.S. Person (including a U.S. Resident Alien)  Yes  No

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number/ITIN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address (include unit # - P.O. Box not accepted) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone (optional) \_\_\_\_\_

Work Phone (optional) \_\_\_\_\_

E-mail (required for eStatements) \_\_\_\_\_

ID# (e.g., U.S. Driver's License, State or Military ID, or a Passport) \_\_\_\_\_ Issuing State/Country \_\_\_\_\_

Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Yes, I want to provide an alternate mailing address (P.O. Box accepted). If selected, all account correspondence will be mailed to this address.)

Address (include unit #) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Rural Route  Yes  No

### 6. Joint Applicant Information (Optional)

\*U.S. Citizen or U.S. Person (including a U.S. Resident Alien)  Yes  No

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number/ITIN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address (include unit # - P.O. Box not accepted) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone (optional) \_\_\_\_\_

Work Phone (optional) \_\_\_\_\_

E-mail \_\_\_\_\_

ID# (e.g., U.S. Driver's License, State or Military ID, or a Passport) \_\_\_\_\_ Issuing State/Country \_\_\_\_\_

Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

### 7. Direct Deposit Authorization (Optional)

You can arrange Direct Deposit to your Alliant account(s) by providing the payor institution with the **Alliant Routing & Transit/ABA# (271081528)** and your Alliant 14-digit checking account number or 10-digit savings account number and account type.

### 8. Additional Deposit/Funding (Optional)

**Receive a complimentary \$5 initial savings deposit** when you open an Alliant savings account.<sup>2</sup> To make an additional deposit to your new account(s), please indicate below. If you do not qualify for a checking account, your total initial deposit, if included, will be deposited into your savings account.

**Check or Money Order** payable to Alliant Credit Union enclosed for deposit to:

Savings \$ \_\_\_\_\_ and/or Checking \$ \_\_\_\_\_

**Electronic Funds Transfer (EFT-ACH)** Authorization for deposit (up to \$1,000) to:

Savings \$ \_\_\_\_\_ and/or Checking \$ \_\_\_\_\_

Financial Institution \_\_\_\_\_

Routing & Transit/ABA # \_\_\_\_\_ Account # \_\_\_\_\_

Withdraw from my:  Savings  Checking

**PLEASE ATTACH a voided check or your most recent bank statement as evidence of account ownership.** (If neither of these documents is attached, your request cannot be processed.) Alliant will debit the account specified within 5 business days from the date that the account is opened.

### 9. Signatures and Agreements (Required)

By signing this agreement, I/we certify that I/we am/are eligible for membership in Alliant Credit Union as noted herein, all information is complete and correct, I/we agree to all account terms as published following the signature lines below and on the reverse side, and I/we agree to follow Alliant's bylaws and amendments and subscribe for and maintain at least one share (\$5.00).

\*If you are not a U.S. Citizen or other U.S. Person including a U.S. Resident Alien, check the following box  to designate your denial of Form W-9 Certification and to request IRS Form W8-BEN which must be completed and returned to Alliant Credit Union.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

**Include a photocopy of valid U.S. government- or state-issued photo ID or a Passport with documentation verifying the home address such as a utility bill or lease agreement for all applicants age 18 and older on the account.**

**X** \_\_\_\_\_  
Applicant Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

**X** \_\_\_\_\_  
Joint Applicant Signature (required if applicable) \_\_\_\_\_ Date \_\_\_\_\_

**MINOR ACCOUNTS:** If the applicant is a child under 12 years of age, the parent, grandparent or guardian must sign the child's name and his or her own name and date (i.e. "John Smith, a minor, by parent, Mary Smith").

(Agreement continued on reverse)

I/We agree that the terms of this Membership Enrollment Agreement and the Account Agreement and Disclosures booklet and Fee Schedule provided to me/us upon account opening constitute a contract between Alliant and me/us, subject to state and federal laws and the Uniform Commercial Code, as adopted in the state in which Alliant's main office is located.

I/We agree to the terms regarding direct deposit, if applicable, and to accept information regarding my/our account(s), including account statements, via e-mail at the address provided herein. I/We further acknowledge that by signing this agreement, applicant will have access to his/her authorized Alliant accounts through all electronic means offered by Alliant. I/We further acknowledge that a VISA® Debit Card or Convenience Card will be issued to the checking or savings account if I/we selected it and qualify. I/We authorize joint applicant access to member savings through VISA® Debit Card or Convenience Card transactions and/or Overdraft Protection, if applicable. If I/we do not select or qualify for a checking account, my/our initial deposit will be deposited into my/our savings account.

**Revocable Proxy:** I/We do hereby appoint the Board of Directors of Alliant, who are the qualified and acting directors at the time this proxy is used, as proxies to vote for the election of directors, proposals for mergers or voluntary dissolutions, the share(s) of Alliant now or hereafter owned or held by me/us, as the said directors or a majority of them see fit, at all annual or special meetings of the members of Alliant hereafter held and any adjournment thereof, from time to time and year to year, until and unless this proxy is cancelled by me/us.

I/We understand that the proxy appointment is voluntary and not a condition of membership. By checking this box , I/we deny the proxy provision and opt to vote my/our shares by attending the Annual Meeting of Shareholders held in Chicago, Illinois, during the first quarter of each year.

**Consumer Report and Credit Report Agreement:** I/We authorize Alliant to obtain information from a consumer reporting agency and obtain copies of my/our credit reports, now and in the future, in order to determine my/our eligibility for membership and products and services offered by or through Alliant, regardless of whether I/we have applied for the product or service.

**Substitute W-9 Form:** Under penalties of perjury, I certify that (1) The number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding either because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) The IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. Person (including a U.S. Resident Alien). (Note: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding.)

**Checking Overdraft Protection:** If I/we select overdraft protection, funds, if available, will be drafted from my/our savings account in the event of an accidental overdraft. There will be a nominal overdraft transfer fee charged. I/We understand that certain transactions from my/our savings account may be limited by federal regulations. As a result, if I/we reach these limitations in a given month, overdraft transfers may not be authorized. Refer to the current Fee Schedule at [www.alliantcreditunion.org](http://www.alliantcreditunion.org) for a complete list of fees.

**New accounts where initial deposit by electronic funds transfer is selected:** As an authorized signer on the financial institution account identified herein, I/we authorize Alliant Credit Union (Alliant) to perform a single EFT-ACH withdrawal from my/our account for deposit into my/our Alliant account using the Automated Clearing House (ACH) network. I/We understand that the funds will be deposited into the account(s) I/we have specified. I/We understand and agree that if the EFT withdrawal from my/our account is returned as Non-Sufficient Funds or for any other reason, Alliant may charge my/our account a fee. Refer to the current Fee Schedule at [www.alliantcreditunion.org](http://www.alliantcreditunion.org) for a complete list of fees.

**Account Designation:** If I/we do not select a joint applicant on my/our checking account, in the event of death, funds will be transferred to my/our primary savings account and paid to the joint applicant (if applicable) or to the beneficiary(ies) named on the primary savings account.

**1** Alliant membership is an exclusive benefit available to employees, retirees and members of qualifying organizations and their family members; and individuals who live or work in qualifying communities and their family members. Applicants must also meet other eligibility requirements for membership. Please visit [www.alliantcreditunion.org](http://www.alliantcreditunion.org) for details regarding Alliant membership eligibility. **2** This offer is nontransferable and is offered exclusively to employees or members of qualifying Select Employee Groups and organizations/associations who join Alliant. Applicant(s) must also meet other eligibility requirements for membership. You must open an Alliant savings account to be eligible to receive the complimentary \$5 savings deposit which will be deposited directly into your new Alliant savings account. One complimentary \$5 savings deposit per new member. Member will forfeit the complimentary \$5 savings deposit if account is closed within 90 days of establishing Alliant membership. **3** High Rate Checking Dividends are paid on the last day of each month to checking accountholders who have opted out of receiving paper statements and have a recurring monthly electronic deposit to his/her Alliant checking account (e.g., direct deposit, payroll deposit, ATM deposit, eDeposit, eDeposit<sup>Plus</sup> or transfer from another financial institution). If these requirements are not met, no dividend will be paid in that month. Basic checking does not earn a dividend. Checking dividends are subject to change monthly.

**Don't forget to include a photocopy of valid U.S. government- or state-issued photo ID or a Passport with documentation verifying the home address, such as a utility bill or lease agreement, for all applicants age 18 and older on the account.**

**COMPLETE AGREEMENT AND RETURN:**

Stop by your local Service Center, or mail to:  
 Alliant Credit Union  
 Attn: Account Services  
 P.O. Box 66945  
 Chicago, IL 60666-0945

**FOR MORE INFORMATION:**

Call 773-462-2000  
 or toll-free 800-328-1935  
 TDD/TTY 773-462-2300



P.O. Box 66945, Chicago, IL 60666-0945  
[www.alliantcreditunion.org](http://www.alliantcreditunion.org)



# membership is rewarding



**MEMBERSHIP ENROLLMENT AGREEMENT**

Join today and start to enjoy the benefits of membership.



**Earn FREE money!<sup>1</sup>**

To welcome you to Alliant, receive a complimentary \$5 initial savings deposit<sup>2</sup> when you open an Alliant savings account!

**It's easy to join Alliant!**

**Simply follow these steps...**

- 1 Complete the attached Membership Enrollment Agreement to apply.
- 2 Include a photocopy of valid U.S. government- or state-issued photo ID or a Passport with documentation verifying the home address such as a utility bill or lease agreement for all applicants age 18 and older on the account.
- 3 Read the Agreement, then all applicants must sign and date (section 9).
- 4 To designate a beneficiary to your account, a Beneficiary Add/Delete Form can be obtained at [www.alliantcreditunion.org](http://www.alliantcreditunion.org).

Once your Alliant membership is established, you can expect to receive the following in the mail:

7 - 10 days
Alliant Welcome Packet including ... <ul style="list-style-type: none"> <li>• newly assigned member account number</li> <li>• membership reference card</li> <li>• information about online banking and Bill Pay</li> <li>• deposit tickets</li> <li>• mailing labels</li> </ul>
Alliant Convenience Card or VISA® Debit Card and PIN will be mailed under a separate cover (whichever is applicable).
10 - 14 days
Complimentary first box of checks (if you opened an Alliant checking account).