

membership is rewarding



I/We agree that the terms of this Membership Enrollment Agreement and the Account Agreement and Disclosures booklet and Fee Schedule provided to me 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 account(s), including account statements, via email at the address provided herein. I further acknowledge that by signing this agreement Applicant will automatically be enrolled and have access to his/her authorized Alliant accounts through all electronic means offered by Alliant. I/We further acknowledge that a VISA® ATM/Check Card or Convenience Card will be issued to the checking or savings account if I/we selected it and qualify. I authorize multiple-owner access to member savings through VISA® ATM/Check 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.

Credit Report Agreement: I/We authorize Alliant to obtain copies of my/our credit reports, now and in the future, in order to determine eligibility for 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 you select overdraft protection, funds (if available) will be drafted from your savings account in the event of an accidental overdraft. There will be a nominal \$10 overdraft transfer fee charged (max per day). Please note that certain transactions from your savings account may be limited by federal regulations. As a result, if you reach these limitations in a given month, overdraft transfers may not be authorized.

New accounts where initial deposit by electronic funds transfer is selected: As an authorized signer on the financial institution account identified herein, I authorize Alliant Credit Union (Alliant) to perform a single EFT-ACH withdrawal from my account for deposit into my Alliant account using the Automated Clearing House (ACH) network. I understand the funds will be deposited into the account(s) I have specified. I understand and agree that if the EFT withdrawal from my account is returned as Non-Sufficient Funds, Alliant will charge my account a \$27 fee.

¹ This offer is nontransferable. Must open an Alliant savings account to be eligible to receive the complimentary \$5 deposit which will be deposited directly into your new Alliant savings account. One complimentary \$5 deposit per new member.

Don't forget to include a photocopy of valid government issued ID for all applicants 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
Mon-Fri, 7am-9pm CT
Sat, 9am-2pm CT



11545 W. Touhy Avenue, Chicago, IL 60666
www.alliantcreditunion.org



MEMBERSHIP ENROLLMENT AGREEMENT

Join today and start to enjoy the benefits of membership.



Earn FREE money!¹

To welcome you to Alliant, we provide a complimentary \$5 initial savings deposit¹ when you open an Alliant savings account!

It's easy to join Alliant!

Simply follow these steps...

- 1 Complete the attached Membership Enrollment Agreement or enroll online at www.alliantcreditunion.org.
- 2 Include a photocopy of valid government issued ID for all applicants 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 in the *Applications & Forms* section under "Account Services Forms".

¹ This offer is nontransferable. Must open a 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.

Return your completed Membership Enrollment Agreement to Alliant in the postage-paid envelope provided. Be sure to include:

- **A photocopy of valid government issued ID for all applicants on the account.**

In accordance with the US 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.

For your additional deposit, if applicable,

- Include a check or money order payable to Alliant Credit Union. Or,
- If you selected Electronic Funds Transfer (EFT-ACH) (section 8), ensure all information is correct and include a voided check or account statement.

Save time and enroll online at 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"> • newly assigned member account number • membership reference card • information about online banking and bill pay • deposit tickets • mailing labels |
| VISA® ATM/Check Card and PIN will be mailed under a separate cover (if you opened a checking account). |
| 10 - 14 days |
| Complimentary first box of checks (if you opened an Alliant checking account). |

If you have questions, contact Alliant toll-free at 800-328-1935 (Mon-Fri, 7am-9pm; Sat, 9am-2pm CT).

Remove this panel and retain.

Membership Enrollment Agreement

for office use only Member Account Number _____

1. Membership Eligibility

Please check one

- I am an employee of

Name of Employer/Organization _____ Employee ID Number (if applicable) _____

- I am a relative or domestic partner of a current Alliant member

Relative Name _____ Relative Account Number _____

Relative Employer _____

- I live or work in a qualifying community

City _____ State _____

- I belong to: Local PTA/PTSA National PTA Relative of PTA member

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.

- Savings** – Membership requires a savings account
 Checking – Includes a free VISA® ATM/Check Card (issued to all owners)

4. Account Options

YES NO

- E-Statements** – In lieu of paper statements, receive online
- Free Checks** – With an Alliant checking account
 Check Style: Duplicate or Single
 Check Design: Alliant or United Airplane
 Check Starting Number (use 101 or higher): _____
- Additional information printed on checks:
YES NO
 Name of Joint Applicant
 Address of Applicant or Alternate Address Indicated Below:
 Address _____
 City _____ State _____ Zip Code _____
 Home Phone Number of Applicant
 Driver's License Number of Applicant
- VISA® ATM/Check Card** – ATM access to make deposits/withdrawals from savings and checking
- Checking Account Overdraft Protection** – Transfer money from my savings account only (subject to overdraft transfer fee)
- Convenience Card** – ATM card for balance inquires and to make cash withdrawals from your Alliant savings account (no ATM deposit functionality)

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

Please print in black ink only and initial any changes to this form. For your protection, faxed copies are not accepted.

5. Applicant Information

US Citizen Yes No

First Name _____ MI _____ 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 E-Statements) _____

Driver's License Number (except minor accounts) _____ Issuing State _____

Issue Date _____ Expiration Date _____

Mother's Maiden Name _____

- Yes, I want to provide an alternate mailing address (P.O. Box accepted).

Address (include unit #) _____

City _____ State _____ Zip Code _____

6. Joint Applicant Information (Optional)

US Citizen Yes No

First Name _____ MI _____ 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 _____

Driver's License Number (except minor accounts) _____ Issuing State _____

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 **ABA Routing & Transit Number (271081528)** and your Alliant member account number and account type.

8. Additional Deposit/Funding (Optional)

Receive a complimentary \$5 initial savings deposit when you open an Alliant savings account! 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 to:
 Savings \$ _____ and/or Checking \$ _____

Financial Institution _____

Routing & Transit/ABA # _____ Account # _____

Withdrawal from my: Savings Checking

Please attach a voided check or bank statement as evidence of account ownership.

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 bars below, 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, 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.

X Applicant Signature (required) _____ Date _____
 (member who established the savings account)

X Joint Applicant Signature (required if applicable) _____ Date _____

Include a photocopy of valid government issued ID for all applicants on the account.

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"). If the applicant is under 18, the parent, grandparent or guardian must be a multiple-owner on the account.

(Agreement continued on reverse)