

Kids Savings Membership Enrollment Agreement



Kids Savings Membership Enrollment Agreement (cont.)

I/We agree that the terms of this Kids Savings Membership Enrollment Agreement and the accompanying Account Agreement and Disclosures booklet and Fee Schedule constitute a contract between Alliant and me/us, subject to state and federal laws and the Uniform Commercial Code, as adopted in the state of Illinois.

I/We agree to accept information via email at the address provided herein. I/We further acknowledge that by signing this agreement, Primary Owner will have access to his/her authorized Alliant accounts through all electronic means offered by Alliant. I/We further acknowledge that a Convenience card will be issued to the savings account if I/we selected it and qualify. I/We authorize Joint Owner access to member savings through Convenience card transactions.

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 to 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.)

1 Applicants must meet eligibility requirements for Alliant membership. Please visit www.alliantcreditunion.com for details regarding Alliant membership eligibility.

2 A fee will apply if you choose to receive an account statement in paper form; refer to the Fee Schedule at www.alliantcreditunion.com. To avoid the paper statement fee, log in to Alliant Online Banking at www.alliantcreditunion.com to change your statement preference to eStatements.

3 The complimentary \$5 savings deposit 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.

COMPLETE AGREEMENT AND RETURN:

- Apply online: alliantcreditunion.com
- Mail to:
Alliant Credit Union
Attn: Account Services
PO Box 66945
Chicago, IL 60666-0945
- Fax to: 773-462-2124

FOR MORE INFORMATION:

Call 800-328-1935 (24/7)
TDD/TTY 773-462-2300
(Mon.–Fri., 7am to 7pm CT)



PO Box 66945, 11545 W. Touhy Avenue
Chicago, IL 60666-0945
alliantcreditunion.com



Federally insured by
NCUA



Start your child on the right financial path!

*It's never too early
to teach good
financial habits.*

Alliant Kids Savings Membership Enrollment Agreement

For office use only

Member Account Number _____ The applicant's information provided on this form and corresponding photo identification were collected and verified in accordance with the USA Patriot Act by _____

INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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. Therefore, when you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We will ask to see your driver's license and/or other identifying documents.

All fields are required unless noted.

1. Membership Eligibility¹

I am a relative of a current Alliant member

2. Account Selection

Savings – Membership requires a savings account.

3. Account and Statement Options

Convenience Card – ATM card for access to your Alliant savings account will be issued to each Joint Owner on the account and mailed to the address on record for the Primary Owner.

Free eStatements – You will automatically receive paper statements for a nominal fee as per the Fee Schedule. Go to Alliant Online Banking to switch to free eStatements and avoid the paper statement fee.²

4. Primary Owner Information (Age 12 or younger)

*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 # - PO Box not accepted) _____

City _____ State/Province _____ Zip Code/Postal Code _____ Country _____

Home Phone _____

Email _____

Mother's Maiden Name _____

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

Address (include unit #) _____

City _____ State/Province _____ Zip Code/Postal Code _____ Country _____

5. Joint Owner Information (Age 18 and older and member of Alliant)

Member Account Number _____

First Name _____ Middle Name _____ Last Name _____

Relationship to Primary Owner _____

Social Security Number/ITIN _____ Date of Birth _____

Cell Phone (optional) _____

Email _____

Employment Status: Employed Homemaker Retired
 Self-employed Student Unemployed

Occupation-if retired, previous occupation _____ Employer/School Name _____

Employer/School City, State and Country _____

Mother's Maiden Name _____

To add additional joint owners or beneficiaries on your account, visit alliantcreditunion.com after your account is opened.

6. Additional Deposit/Funding (Optional)

A complimentary \$5 initial savings deposit is included.³ To make an additional deposit, please indicate below.

Check or Money Order payable to Alliant Credit Union enclosed for deposit to: Savings \$ _____

Transfer funds from an existing Alliant account for deposit to: Either the Primary Owner or Joint Owner must be an owner on the account from which the funds are being transferred. Savings \$ _____

Member Account Number _____

Transfer from: Savings Supplemental Savings Checking

7. Signatures and Agreements

By signing this agreement, I/we certify that I/we am/are eligible for membership in Alliant Credit Union (Alliant) 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 subscribe for and maintain at least one share (\$5.00).

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

Important: To avoid processing delays, Non-U.S. Citizens or Non-U.S. Persons (including a Non-Resident Alien) should complete and return a W-8BEN form (available at alliantcreditunion.com) with your completed Kids Savings Membership Enrollment Agreement.

*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 W-8BEN which must be completed and returned to Alliant Credit Union.

MINOR ACCOUNTS: If Primary Owner is 12 years or younger, the parent or guardian must sign the child's name and their name (i.e., "John Smith, a minor, by parent, Mary Smith").

Primary Owner Signature (required) _____

Date _____

Joint Owner Signature (required) _____

Date _____

If you have a freeze on your credit file, please check this box. If checked, an Alliant Account Services Representative will contact you upon receipt of your Membership Enrollment Agreement so you can remove your credit freeze and complete the enrollment process.

(Agreement continued on reverse) 