

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.)

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. I/We understand that federal regulations place a limit of six withdrawals or outgoing transfers per month from savings accounts via several transaction methods.

Account Designation: If I/we do not select a Joint Owner 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 Owner (if applicable) or to the beneficiary(ies) named on the primary savings account.

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

2 If you are not eligible through another option, you can become a member of Foster Care to Success (FC2S) and become eligible for Alliant membership. FC2S serves thousands of foster teens across the United States, focusing on those who are aging out of the foster care system. FC2S awards grants and scholarships for higher education and provides care packages, mentoring and internships.

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. Account is subject to approval.

4 Alliant checking does not have a monthly service fee; however, if incurred, fees such as a stop payment or NSF fee will apply. Please refer to the Alliant Fee Schedule at alliantcreditunion.com for a list of these types of fees. Account is subject to approval. We may not open checking for you if you do not meet Alliant criteria.

5 For Teen Checking accounts, a parent or guardian must be a joint owner on the account. The name and address of the Joint Owner must be printed on checks.

6 Alliant High Rate Checking interest is paid on the last day of each month to checking accountholders who have opted out of receiving paper statements (receive eStatements only) and have a recurring monthly electronic deposit to their Alliant checking account each month (e.g., a direct deposit, payroll deposit, ATM deposit, mobile check deposit or transfer from another financial institution). Otherwise, Alliant checking accounts do not earn interest. Checking rate is variable, may change after account is opened and is subject to change monthly. There is no minimum balance requirement to open an Alliant checking account or to earn interest. Account is subject to approval.

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



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800-328-1935 (24/7)
TDD/TTY 773-462-2300 (M-F, 7am-7pm)
alliantcreditunion.com



Federally insured by
NCUA



Membership Enrollment Agreement

For your convenience, apply online at alliantcreditunion.com or call 800-328-1935.

1. Membership Eligibility¹

Select the option that best applies to you.

A. I am an: Employee Retiree Member

Employer or Organization Name

B. I am a relative or domestic partner of a current member:

Relative Name

Account Number

C. I live or work in a qualifying community:

City

State

D. I want to become a member of Foster Care to Success (FC2S), therefore making me eligible to apply for membership with Alliant. I understand that Alliant will share my name and contact information with FC2S and pay a \$5 membership fee to FC2S on my behalf.²

2. Account Selection

Receive a complimentary \$5 initial savings deposit when you open savings.³

- Savings** – Membership requires a savings account.
 Checking⁴ – Available to members age 18 and older.
 Teen Checking^{4,5} – Available to members age 13 to 17.

Earn interest⁶ on checking when you:

- Opt out of paper statements⁷ and receive free eStatements through Alliant Online Banking. **AND**
- Have a recurring monthly electronic deposit to your Alliant checking account (e.g., a direct deposit, payroll deposit, ATM deposit, mobile check deposit or transfer from another financial institution).

3. Account and Statement Options

Select the options below that you would like to add to your account:

- Free Checks** – Your first box of standard checks is free.
Style: Duplicate or Single
Information printed on checks:
 Name of Joint Owner (required for Teen Checking)
 Address of Primary Owner (Joint Owner address will appear for Teen Checking)
- Visa® Debit Card** – For purchases and ATM access to your accounts.
- Checking Account Overdraft Protection** – Transfer money from my savings account only.
- Savings ATM Card** – For ATM access to your Alliant savings account.

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.⁷

IMPORTANT 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.

For children under the age of 13, please complete a Kids Savings application available at alliantcreditunion.com.

4. Primary Owner Information All fields are required.

If the Primary Owner is under age 18, the parent or guardian must be a Joint Owner.

*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 (Required) Date of Birth (MM/DD/YYYY)

Street Address (include unit # - PO Box not accepted)

City State/Province Zip/Postal Code Country

Employment Status: Employed Student Unemployed
 Self-employed Retired

Employer Name/School Name and City, State and Country (Or former employer name if retired or unemployed)

Occupation (Or former occupation if retired or unemployed)

Home Phone Work Phone Mobile Phone

Check this box to opt out of receiving text message alerts about suspected credit and debit card fraud. You must provide Alliant with a mobile phone number and leave the checkbox unchecked to receive alerts. Data rates may apply.

Personal Email Address Work Email Address

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

Issue Date (MM/DD/YYYY) Expiration Date (MM/DD/YYYY)

Mother's Maiden Name (used for security authentication)

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

Alternate Mailing Address (include unit # - PO Box accepted)

City State/Province Zip/Postal Code Country

5. Joint Owner Information Optional if primary owner is age 18 or older.

This Joint Owner will be added to savings and checking.

Member Account Number (if an existing Alliant member)

*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 (Required) Date of Birth (MM/DD/YYYY)

Street Address (include unit # - PO Box not accepted)

City State/Province Zip/Postal Code Country

Employment Status: Employed Student Unemployed
 Self-employed Retired

Employer Name/School Name and City, State and Country (Or former employer name if retired or unemployed)

Occupation (Or former occupation if retired or unemployed)

Home Phone Work Phone Mobile Phone

Personal Email Address Work Email Address

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

Issue Date (MM/DD/YYYY) Expiration Date (MM/DD/YYYY)

Mother's Maiden Name (used for security authentication)

Log in to Alliant Online Banking to add/delete a beneficiary once your account is opened.

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 _____

6. Signatures and Agreements All fields are required.

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.

By signing this agreement, the applicant(s) certify eligibility for membership in Alliant Credit Union (Alliant) as noted herein, all information is complete and correct, agree to all account terms as listed below the signature lines and on the reverse side, and agree to maintain at least one share (\$5.00). The applicant(s) further certify the SSN/ITIN provided is correct, I/we are not subject to backup withholding, I/we are U.S. Citizen(s) or U.S. resident alien(s). This certification does not apply if I have checked the box below indicating denial of Form W-9.

*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 with unexpired ITIN 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 _____
Primary Owner Signature (required) Date


X _____
Joint Owner Signature (required, if applicable) Date

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

MINOR ACCOUNTS: If the Primary Owner is 12 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").

I/We agree that the terms of this 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, the Primary Owner 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 ATM card will be issued to the checking or savings account if I/we selected it and qualify. I/We authorize Joint Owner access to member savings through Visa® Debit Card or Savings ATM Card transactions and/or Overdraft Protection, if applicable. If I/we do not select or qualify for a checking account, my/our additional deposit, if applicable, will be deposited into my/our savings account. [Agreement continued on back](#) ➔

 Please be sure 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 owners age 18 and older on the account who are not currently members of Alliant Credit Union.