

for office use only Member Account Number _____

1. Membership Eligibility¹

Please check one

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 would like to support the Orphan Foundation of America (OFA) by becoming a member, compliments of Alliant Credit Union¹

¹ 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 OFA membership. Through this process, you will become a member of OFA and will receive literature and other information from OFA. OFA does not sell member information to any third parties.

2. Account Selection

A minimum \$5 deposit is required to open an Alliant savings account.

Savings – Membership requires a savings account

3. Account Options

YES **NO** **Convenience Card** – ATM card for your **Alliant savings account** Available to members age 12 and older with an Alliant savings account. *Note: Card will be mailed to the address on record for the Applicant.*

4. Primary Applicant Information (Minor Child)

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) _____

Name of School Attending _____

School City, State and Country _____

School Phone (optional) _____ Email (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 (required) _____

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

5. Joint Applicant #1 Information (Required)

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

First Name _____ Middle Name _____ Last Name _____

Relationship to Primary Applicant _____

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) _____

Employment Status: Employed Homemaker Retired Self employed Student Unemployed

Occupation-If retired, previous occupation _____ Employer Name-if student, school name _____

Employer/School City, State and Country _____

Work Phone (optional) _____ Email (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 (required) _____

6. Joint Applicant #2 Information (Optional)

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

First Name _____ Middle Name _____ Last Name _____

Relationship to Primary Applicant _____

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) _____

Employment Status: Employed Homemaker Retired Self employed Student Unemployed

Occupation-If retired, previous occupation _____ Employer Name-if student, school name _____

Employer/School City, State and Country _____

Work Phone (optional) _____ Email _____

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 (required) _____

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 10-digit savings account number and account type.

8. Initial Deposit/Funding (Optional)

A minimum \$5 deposit is required to open an Alliant 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

Transfer funds from an existing Alliant account for deposit to: One of the applicants must be an owner on the account from which the funds are being transferred.

Savings \$ _____ and/or Checking \$ _____

Member Account # _____

Transfer from: Savings Supplemental Savings Checking

9. Signatures and Agreements (Required)

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 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 W-8BEN 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 _____ Date _____
Applicant Signature (required)

X _____ Date _____
Joint Applicant #1 Signature (required)

X _____ Date _____
Joint Applicant #2 Signature (required if applicable)

Important: To avoid processing delays, Non-U.S. Citizens or U.S. Persons (including a Resident Alien) should complete and return a W-8BEN form (available at www.alliantcreditunion.org) with your completed membership enrollment agreement.

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)

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 if 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 any time you and/or the joint applicant(s) 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 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 membership enrollment agreement so you can remove your credit freeze and complete the enrollment process.

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

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 email 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, in accordance with the Account Agreement and Disclosures. 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 applicant access to member savings through Convenience Card transactions.

I/We understand that certain transactions from my/our savings account may be limited by federal regulations.

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).

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 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 for a list of these types of fees.

¹ Alliant membership is an exclusive benefit available to employees, retirees and members of qualifying Select Employee Groups, organizations/associations 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 Alliant membership. Please visit www.alliantcreditunion.org for details regarding Alliant membership eligibility.

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 800-328-1935
TDD/TTY 773-462-2300



P.O. Box 66945, 11545 W. Touhy Avenue
Chicago, IL 60666-0945
www.alliantcreditunion.org



Alliant kidz klub –

where financial success begins



KIDZ KLUB MEMBERSHIP ENROLLMENT AGREEMENT

Join today and start to enjoy the benefits of membership.



Alliant kidz klub

The perfect account to get kids on the right track to saving money.

It's easy to join Alliant!

Simply follow these steps...

- 1 Complete the attached Membership Enrollment Agreement. Applicant must also meet other eligibility requirements for Alliant membership.
- 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.

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

7 - 10 days
Alliant kidz klub Welcome Packet including... <ul style="list-style-type: none"> • newly assigned member account number • membership reference card • quarter collector • deposit tickets • mailing labels Convenience Card will be mailed under a separate cover (if applicable). If the Joint Applicant(s) on a kidz klub account for a child under the age of 12 would like to have a Convenience Card for the account, one can be ordered by completing a Convenience Card Application.

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

