

To open an Account in the Name of Your Living Trust...

Complete the attached Application for Living Trust Account and return it to Alliant along with copies of the pages of your Trust Agreement or Certification of Trust that indicate:

- Type of Trust
- Name of the Trust
- Date the Trust was established
- Names of the Trustees
- Death certificate for deceased Trustee(s) (if applicable)
- Names of the Successor Trustees
- If Trustees may act independently or must act together (if there is more than one Trustee)
- Names of the Beneficiary(ies)
- Signature and notary seal

Please supply a death certificate if one of the Trustees is deceased. If all the Trustees of a Living Trust are deceased then the Successor Trustee must obtain a Tax ID Number and provide a copy of the death certificate(s).

Products and services available on Trust accounts:

- Savings (required)
- Checking (no Debit Card) check imprint must include title of Trust and the names of all Trustees
- Share Certificates
- Online Banking
- Bill Pay¹

for office use only Member Account Number _____

1. Account Eligibility for Trustee²

Please check one

- I am an employee retiree of:
 United (United Airlines) File Number _____
 United (Continental Airlines)
- I am an employee retiree member 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 would like to support the Orphan Foundation of America (OFA) by becoming a member, compliments of Alliant Credit Union

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

- Savings** – in the name of the Trust and Trustee(s).
- Checking** – in the name of the Trust and Trustee(s).
(VISA® Debit Card and Convenience Card not available with a Trust)

3. Account Options

YES NO

- Free Checks** – Your first box of checks is free.
 Check Style: Duplicate or Single
 Check Starting Number (use 101 or higher): _____
 Information printed on checks will include the name of the Trust, names of all Trustees and the address of Trustee #1
- Checking Account Overdraft Protection** – Transfer money from my Trust savings account only (subject to overdraft transfer fee).

Note: Printed checks will be mailed to the address on record for the Trust.

4. Trust Information

Name of Living Trust _____

Social Security Number/ITIN _____ Date of Trust _____

If there is more than one Trustee, may Trustees act independently? Yes No

By checking "yes" you acknowledge that any Trustee may withdraw funds from the Trust Account, including account closure, without consent of any other Trustee. If no box is checked, it will be assumed that all Trustees must act together on all Trust transactions.

Trustee #1 Initials _____ Trustee #2 Initials _____

4. Trust Information (Continued)

Trustee #1

*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/Province _____ Zip/Postal Code _____ Country _____

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) _____

- 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/Province _____ Zip/Postal Code _____ Country _____

Rural Route Yes No

Trustee #2

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/Province _____ Zip/Postal Code _____ Country _____

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) _____

5. Initial Deposit/Funding

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

- Check or Money Order** payable to Alliant Credit Union enclosed for deposit to:
 Trust Savings \$ _____ and/or Trust Checking \$ _____

- Electronic Funds Transfer (EFT-ACH)** Authorization for deposit to:
 (maximum \$10,000)
 Trust Savings \$ _____ and/or Trust Checking \$ _____

Financial Institution _____

Routing & Transit/ABA # _____ Account # _____
 Withdraw from: Savings Checking

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

Trust Savings \$ _____ and/or Trust Checking \$ _____

Member Account # _____

Transfer from: Savings Supplemental Savings Checking

6. 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 bars below and on the reverse side, and I/we agree to follow Alliant's bylaws and amendments, Account Agreement and Disclosures, 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 for all individuals age 18 and older on the account who are not currently members of Alliant Credit Union.

X _____, Trustee _____ Date _____
 Trustee #1 Signature (required)

X _____, Trustee _____ Date _____
 Trustee #2 Signature (required if applicable)

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

To ensure your Account is opened in a timely manner, please include copies of the documentation from the checklist to the left with your completed application.

(Agreement continued on reverse)

I/We agree that the terms of this Trust Application 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 automatically be enrolled and have access to his/her authorized Alliant accounts through all electronic means offered by Alliant, in accordance with the Account Agreement and Disclosures.

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. 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 for a list of these types 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 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 An Alliant checking account is required for use with Alliant Bill Pay. There are no fees to maintain a Bill Pay account. However, if incurred, applicable fees will apply. Refer to the Alliant Fee Schedule at www.alliantcreditunion.org for a list of these types of fees.

2 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 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 Trustees age 18 and older on the account who are not currently members of Alliant Credit Union.

COMPLETE AGREEMENT AND RETURN:

Stop by your local Service Center, or mail to:

Alliant Credit Union
Attn: Special 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



Living Trust Accounts



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 Application for Living Trust Account to Alliant

Be sure to include a photocopy of valid U.S. government- or state-issued photo ID or a Passport for all Trustees age 18 and older on the account who are not currently members of Alliant Credit Union. 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 Special Services Representative will contact you upon receipt of your application for Trust so you can remove your credit freeze and complete the account opening process.

Application for Living Trust

Preserve your wealth during and after your lifetime



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