

Supplemental Savings



Return your completed Supplemental Savings Account Agreement to Alliant. Be sure to include:

- **A photocopy of valid U.S. Government issued photo ID or a Passport for all applicants age 18 and older on the account. If you include a Passport, also include a photocopy of documentation verifying your home address such as a utility bill, lease agreement, voter registration card or vehicle registration.**

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.

For your initial deposit:

- Include a check or money order payable to Alliant Credit Union. Or,
- If you selected Electronic Funds Transfer (EFT-ACH) (section 5), ensure all information is correct and include a voided check or bank statement. Or,
- If you are transferring funds from an existing Alliant account, one of the applicants must be an owner on the account from which the funds are being transferred.*

To designate a beneficiary to your account, a Beneficiary Add/Delete Form can be obtained at www.alliantcreditunion.org.

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

Don't forget to include a photocopy of valid U.S. Government issued photo ID or a Passport with documentation verifying the home address for all joint applicants age 18 and older on the account.

COMPLETE AGREEMENT AND RETURN:

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

ENROLLMENT AGREEMENT

A way to save for an important future expense or something you've always wanted.



Equal Housing Lender



† If your personal information or address has changed, please visit www.alliantcreditunion.org to obtain and complete a Personal Information Change form or Address Change form and return with this Agreement.

1. Account Ownership

Single or Joint

2. Applicant Information[†] (Must be a current Alliant member)

First Name _____ MI _____ Last Name _____

Member Account Number _____

3. Joint Applicant Information[†] (Required)

U.S. Citizen or U.S. Person (including a U.S. Resident Alien) 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/Province _____ Zip/Postal Code _____ Country _____

Home Phone _____ Cell Phone (optional) _____

Work Phone (optional) _____

E-mail _____

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 _____

4. 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 member account number and account type. If you are an employee of United Airlines, please contact Alliant to arrange Direct Deposit.

5. Initial Deposit/Funding

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

Please attach a voided check or your most recent bank statement as evidence of account ownership. (If neither of these documents is attached, your request cannot be processed.) Alliant will debit the account specified within 5 business days from the date that the account is opened.

Transfer funds from existing Alliant account for deposit to:*

Savings \$ _____ and/or Checking \$ _____

Member Account # _____

Transfer from: Savings Supplemental Savings Checking

6. Signatures and Agreements (Required)

I/We agree that the terms of this Supplemental Savings Agreement, my/our Membership Enrollment Agreement and the Account Agreement and Disclosures booklet and Fee Schedule provided to me upon account opening constitute a contract between Alliant Credit Union 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.

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).

I/We agree to the terms regarding Payroll Deduction and Direct Deposit and 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.

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 Agreement: I/We authorize Alliant to obtain information from a consumer reporting agency, now and in the future, in order to determine my/our eligibility for products and services offered by or through Alliant, regardless of whether I/we have applied for the product or service.

Credit Report Agreement: I/We authorize Alliant to obtain copies of my/our credit reports, now and in the future, in order to determine my/our 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).

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 Credit Union (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 complete list of fees.

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 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

X _____
Joint Applicant #1 Signature (required) Date

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 joint applicant on the account.

Include a photocopy of valid U.S. Government issued photo ID or a Passport with documentation verifying the home address for all joint applicants age 18 and older on the account.

FOR OFFICE USE ONLY:

1 Processing: Teller ID _____ Service Center/Dept. _____ Date _____

2 Verification: Reviewed by Teller ID _____ Date _____

3 Please complete form A417.1.

4 Imaging: Forward to Document & Workflow (Steps 1, 2 & 3 must be completed prior to imaging.)