

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

- A photocopy of valid U.S. Government issued photo ID or a Passport for the custodian 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 8), 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.\*

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

7 - 10 days
Alliant Welcome Packet including... <ul style="list-style-type: none"> <li>• newly assigned member account number</li> <li>• membership reference card</li> <li>• information about online banking and bill pay</li> <li>• deposit tickets</li> <li>• mailing labels</li> </ul>

10 - 14 days
Complimentary first box of checks (if you opened an Alliant checking account).

If you have questions, contact Alliant toll-free at 800-328-1935.

Remove this panel and retain.

## UTMA Custodial Savings Account Agreement

for office use only Member Account Number \_\_\_\_\_

### 1. Custodian Membership Eligibility<sup>2</sup>

**Please check one**

- I am an employee or 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 belong to:  Local PTA/PTSA  National PTA  Relative of PTA member
- If you select one of the above PTA options as a basis of your eligibility, you must be a member of PTA or join PTA to be eligible for Alliant membership. If you are not a member of PTA, please join at [www.pta.org](http://www.pta.org).

### 2. Account Selection

- A minimum \$5 deposit is required to open an Alliant savings account.
- UTMA Custodial Savings** – Membership requires a savings account
- UTMA Custodial Checking** – Optional
- Name of custodian \_\_\_\_\_ as custodian for:
- Name of minor \_\_\_\_\_ under the Illinois Uniform Transfers to Minor Act (VISA® ATM/Check Card and Convenience Card not available with a UTMA Custodial Savings Account)

### 3. Account Options (Optional)

- YES NO**
- eStatements** – In lieu of paper statements, receive online
- Free Checks** – With an Alliant checking account
- Check Style:  Duplicate or  Single
- Check Design:  Alliant or  United Airplane
- Check Starting Number (use 101 or higher): \_\_\_\_\_
- Information printed on checks will include:
- Name of Minor
  - Name of Custodian
  - Address of Custodian
- Checking Account Overdraft Protection** – Transfer funds from UTMA savings account only (subject to overdraft transfer fee)

### 4. Minor Information

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

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address (include unit # - P.O. Box not accepted) \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Social Security Number/ITIN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Please print in black ink only and initial any changes to this form. For your protection, faxed copies are not accepted.

### 5. Custodian Information (Must be 21 or older)

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 (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 \_\_\_\_\_

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

### 6. Successor Custodian Information (Optional)

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 \_\_\_\_\_

### 7. Direct Deposit Authorization (Optional)

You can arrange Direct Deposit to your Alliant account(s) by providing the payor institution with the Alliant **ABA Routing & Transit Number (271081528)** and your Alliant member account number and account type. If you are an employee of United Airlines, please contact Alliant to arrange Direct Deposit.

### 8. Initial Deposit/Funding

A minimum \$5 deposit is required to open an Alliant savings account. Deposits to a checking account are optional.

- 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 most your 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 the account is opened.

- Transfer from existing Alliant account for deposit to:\***
- Savings \$ \_\_\_\_\_ and/or Checking \$ \_\_\_\_\_
- Member Account # \_\_\_\_\_
- Transfer from:  Savings  Supplemental Savings  Checking

### 9. Signatures and Agreements (Required)

By signing this agreement, I certify that I am eligible for membership in Alliant Credit Union as noted herein, all information is complete and correct, I agree to all account terms as published following the signature bars below, and I 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 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** \_\_\_\_\_  
Custodian Signature (required) Date

**Include a photocopy of valid U.S. Government issued photo ID or a Passport with documentation verifying the home address for the custodian on the account.**

(Agreement continued on reverse) →

I agree that the terms of this Membership Enrollment Agreement and the Account Agreement and Disclosures booklet and Fee Schedule provided to me 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 agree to the terms regarding direct deposit if applicable, and to accept information regarding my account(s), including account statements, via e-mail at the address provided herein.

**Revocable Proxy:** I 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 understand that the proxy appointment is voluntary and not a condition of membership. By checking this box , I 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, as Custodian, authorize Alliant to obtain information from a consumer reporting agency, now and in the future, in order to determine my eligibility for products and services offered by or through Alliant, regardless of whether I have applied for the product or service.

**Credit Report Agreement:** I, as Custodian, authorize Alliant to obtain copies of my credit report, now and in the future, in order to determine my eligibility for products and services offered by or through Alliant, regardless of whether I 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 select overdraft protection, funds (if available) will be drafted from the minor's UTMA custodial savings account in the event of an accidental overdraft. There will be a nominal overdraft transfer fee charged. Certain transactions from the UTMA custodial savings account may be limited by federal regulations. As a result, if I reach these limitations in a given month, overdraft transfers may not be authorized. Refer to the current Fee Schedule at [www.alliantcreditunion.org](http://www.alliantcreditunion.org) for a complete list 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 authorize Alliant Credit Union (Alliant) to perform a single EFT-ACH withdrawal from my account for deposit into the minor's UTMA custodial savings account using the Automated Clearing House (ACH) network. I understand that the funds will be deposited into the account(s) I have specified. I understand and agree that if the EFT withdrawal from my account is returned as Non-Sufficient Funds or for any other reason, Alliant may charge my account a fee. Refer to the current Fee Schedule at [www.alliantcreditunion.org](http://www.alliantcreditunion.org) for a complete list 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 such as a stop payment fee will apply. Refer to the current Fee Schedule at [www.alliantcreditunion.org](http://www.alliantcreditunion.org) for a complete list of these types of fees.  
2 Please visit [www.alliantcreditunion.org](http://www.alliantcreditunion.org) for complete details regarding Alliant membership eligibility requirements.

**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 the custodian on the account.**

**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 773-462-2000  
or toll-free 800-328-1935  
TDD/TTY 773-462-2300



11545 W. Touhy Avenue, Chicago, IL 60666  
[www.alliantcreditunion.org](http://www.alliantcreditunion.org)



# UTMA Custodial Savings Account



UTMA CUSTODIAL SAVINGS ACCOUNT AGREEMENT

Saving for a child's future.



## Plan today for your child's expenses tomorrow

An UTMA (Uniform Transfer to Minors Act) account provides a convenient, uncomplicated way to make gifts and transfer money to a minor. Open an UTMA savings account with a minimum deposit of \$5 and start experiencing:

- Unbeatable savings dividends
- Option for investment in high yielding Certificates
- Federal share insurance up to at least \$100,000 by the NCUA
- No maximum balance limit
- Convenient direct deposit
- First box of checks FREE with your custodian checking account (if applicable)
- Online banking with FREE Bill Pay<sup>1</sup>

## It's easy to open an UTMA Custodial Savings Account!

Simply follow these steps...

- 1 Complete the attached UTMA Custodial Savings Account Agreement.
- 2 Include a photocopy of valid U.S. Government issued photo ID or a Passport with documentation verifying home address for the custodian on the account.
- 3 Read the Agreement. Then the custodian must sign and date (Section 9).