



beneficiary add/delete form

- Please print clearly in black ink only and initial any changes to this form
- This form is not accepted for HSA, IRA, Coverdell Education Savings Accounts (ESA), IRA Certificates and Coverdell ESA Certificates. Please complete the HSA, IRA or ESA beneficiary form that can be obtained at www.alliantcreditunion.org

1 Account Owner Information

First Name _____ Middle Name _____ Last Name _____

Member Account Number _____

2 Add Beneficiary(ies) To My Account

- This form will supersede any previous beneficiary designation you may have on record with Alliant and any accommodations you have made in your Will for the disposition of your Alliant accounts
 - Beneficiaries may be an individual or a Trust. **Neither the primary owner or a Joint Owner(s) can be designated as beneficiaries on the same Share ID**
 - Complete all the information requested being thorough in your responses as it will help us locate your beneficiaries when necessary
- Please check all accounts to which you wish to add beneficiary(ies). The Share ID is required for each account you are adding the beneficiary(ies) to.
If you need help determining the Share ID, please refer to your account statement or contact a Member Service Representative at 800-328-1935 (24/7).

ACCOUNT TYPE	SHARE ID
<input type="checkbox"/> Savings	_____
<input type="checkbox"/> Supplemental Savings	_____
<input type="checkbox"/> Certificate	_____

BENEFICIARY #1

First Name _____ Middle Name _____ Last Name _____ Proportion _____ %

Street Address (include unit # – P.O. Box not accepted) _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Social Security Number/ITIN _____ Date of Birth _____ Relationship _____

BENEFICIARY #2

First Name _____ Middle Name _____ Last Name _____ Proportion _____ %

Street Address (include unit # – P.O. Box not accepted) _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Social Security Number/ITIN _____ Date of Birth _____ Relationship _____

BENEFICIARY #3

First Name _____ Middle Name _____ Last Name _____ Proportion _____ %

Street Address (include unit # – P.O. Box not accepted) _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Social Security Number/ITIN _____ Date of Birth _____ Relationship _____

BENEFICIARY #4

First Name _____ Middle Name _____ Last Name _____ Proportion _____ %

Street Address (include unit # – P.O. Box not accepted) _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Social Security Number/ITIN _____ Date of Birth _____ Relationship _____

BENEFICIARY #5

First Name _____ Middle Name _____ Last Name _____ Proportion _____ %

Street Address (include unit # – P.O. Box not accepted) _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Social Security Number/ITIN _____ Date of Birth _____ Relationship _____

Proportions combined must total 100%. If not indicated, funds will be distributed equally. Total Proportion **100%**

Note: If you have more than five beneficiaries, you may obtain additional beneficiary add/delete forms at www.alliantcreditunion.org or by calling 800-328-1935 (24/7).

3 Delete Existing Beneficiary(ies) From My Account

Please check all accounts to which you wish to delete beneficiary(ies). The Share ID is required for each account you are deleting the beneficiary(ies) from. If you need help determining the Share ID, please refer to your account statement or contact a Member Service Representative at 800-328-1935 (24/7).

ACCOUNT TYPE	SHARE ID
<input type="checkbox"/> Savings	_____
<input type="checkbox"/> Supplemental Savings	_____
<input type="checkbox"/> Certificate	_____

BENEFICIARY NAME(S)

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

4 Signature (Required)

I, the undersigned, agree to the terms stated on this form, as an amendment to the account agreement governing the savings, supplemental savings or share Certificate account and also agree to the beneficiary(ies) changes indicated. The undersigned also agrees to the terms stated in the separate Account Agreement and Disclosures booklet and Fee Schedule and acknowledge their receipt.

X Account Owner Signature (required) _____ Date _____
Must be same person as in step 1.

FOR OFFICE USE ONLY:
Step 1 Processing: Teller ID _____ Service Center/Dept _____ Date _____
Step 2 Imaging: Forward to Document & Workflow
 (Step 1 must be completed prior to Imaging.)

- COMPLETE AND RETURN:**
- Fax to: 773-462-2124
 - Mail to: Alliant Credit Union
Attn: Account Services
P.O. Box 66945
Chicago, IL 60666-0945
- Stop by your local Alliant Service Center
- FOR MORE INFORMATION:**
 Call 773-462-2000
 or toll-free 800-328-1935
 TDD/TTY 773-462-2300

ALLIANTSM credit union

Equal Housing Lender

Your savings federally insured to at least \$250,000 and backed by the full faith and credit of the United States Government

NCUA
National Credit Union Administration, a U.S. Government Agency

P.O. Box 66945, Chicago, IL 60666-0945
www.alliantcreditunion.org