

Please print clearly in **black ink only** and **initial any changes** to this form.
 Faxed copies are not accepted.

The beneficiary information supplied below is intended to **delete or add** beneficiary(ies) to your account. The owner(s) of this account agree(s) that all owners on this account are authorized to delete/add beneficiary(ies). Please indicate whether the beneficiary(ies) designated below apply to your savings, supplemental savings or share certificate account.

Alliant Credit Union reserves the right to require written consent of all owners for any change to or termination of an account.

The following account activities are expressly given to the primary account owner:

- Initiate, modify or delete payroll deduction for the primary owner
- Close primary savings account
- Initiate, modify or delete passwords or access codes

please print clearly

_____ Member Account Number

1 Account Type

please check a or b

ACCOUNT ID

_____ a- Savings

_____ b- Supplemental Savings

_____ c- Share Certificate

*This form is not accepted for HSA, IRA and Coverdell Education Savings Accounts (ESA). Please complete the HSA or IRA beneficiary form that can be obtained at www.alliantcreditunion.org.

2 Owner Information

_____ First Name

_____ Middle Initial

_____ Last Name

3 Beneficiary(ies) Changes

please check a, b, or c

a- I want to **delete** an existing beneficiary(ies) on my account.
(complete steps 4 & 6)

b- I want to **add** beneficiary(ies) to my account. *(complete steps 5 & 6)*

c- I want to **delete and add** beneficiary(ies) to my account. *(complete all steps)*

4 Delete Existing Beneficiary(ies) From My Account

BENEFICIARY NAME

_____ First Name

_____ Middle Initial

_____ Last Name

_____ First Name

_____ Middle Initial

_____ Last Name

_____ First Name

_____ Middle Initial

_____ Last Name

_____ First Name

_____ Middle Initial

_____ Last Name

5 Add Beneficiary(ies) To My Account

By adding a beneficiary(ies) to your account, you dictate who receives your assets at your passing. Beneficiary designations will supercede any accommodations you have made in your Will for the disposition of your Alliant accounts.

Beneficiaries may be an individual or a trust. **Neither you nor a joint owner can be designated as beneficiaries.**

For new beneficiary designations or to revise proportions for existing beneficiary(ies) on your account: Complete all the requested information below for each of your beneficiaries and proportions to your account. This form will supercede any previous beneficiary designation you may have.

If not indicated, funds will be distributed equally. **Proportions combined must total 100%. If you have more than 8 beneficiaries, contact Alliant at 800-328-1935 to obtain additional forms or visit www.alliantcreditunion.org.**

BENEFICIARY #1

First Name	Middle Initial	Last Name	Proportion
<hr/>			
Street Address (include unit #)			
<hr/>			
City		State	Zip Code
<hr/>			
Social Security/ITIN Number		Date of Birth	Relationship

BENEFICIARY #2

First Name	Middle Initial	Last Name	Proportion
<hr/>			
Street Address (include unit #)			
<hr/>			
City		State	Zip Code
<hr/>			
Social Security/ITIN Number		Date of Birth	Relationship

BENEFICIARY #3

First Name	Middle Initial	Last Name	Proportion
<hr/>			
Street Address (include unit #)			
<hr/>			
City		State	Zip Code
<hr/>			
Social Security/ITIN Number		Date of Birth	Relationship

BENEFICIARY #4

First Name	Middle Initial	Last Name	Proportion
<hr/>			
Street Address (include unit #)			
<hr/>			
City		State	Zip Code
<hr/>			
Social Security/ITIN Number		Date of Birth	Relationship

BENEFICIARY #5

First Name	Middle Initial	Last Name	Proportion
%			
Street Address (include unit #)			
City		State	Zip Code
Social Security/ITIN Number		Date of Birth	Relationship

BENEFICIARY #6

First Name	Middle Initial	Last Name	Proportion
%			
Street Address (include unit #)			
City		State	Zip Code
Social Security/ITIN Number		Date of Birth	Relationship

BENEFICIARY #7

First Name	Middle Initial	Last Name	Proportion
%			
Street Address (include unit #)			
City		State	Zip Code
Social Security/ITIN Number		Date of Birth	Relationship

BENEFICIARY #8

First Name	Middle Initial	Last Name	Proportion
%			
Street Address (include unit #)			
City		State	Zip Code
Social Security/ITIN Number		Date of Birth	Relationship

Total Proportion **100%**

6 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	
Owner Signature (required)	Date

Must be same person as in #2.

FOR OFFICE USE ONLY:

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

Step 2 Verification: Reviewed by Teller ID _____
Date _____

Step 3 Imaging: Forward to Document & Workflow
(Step 1 & 2 must be completed prior to Imaging.)

COMPLETE AND RETURN:

Stop by your local Alliant Service Center,
or 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



11545 W. Touhy Avenue, Chicago, IL 60666
www.alliantcreditunion.org



Equal Housing Lender

Your savings federally insured to at least \$100,000
and backed by the full faith and credit of the
United States Government

NCUA

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