

6. Signatures and Agreements (Required)

I/We the undersigned agree to the terms stated on this form, as an amendment to the account agreement governing the account type and ownership selected. The undersigned also agrees to the terms stated in the separate Account Agreement and Disclosures booklet and Fee Schedule and acknowledges its receipt.

X _____
Account Owner Signature (required) Date

If new owners are being added to your account, the owner(s) signature is required below.

X _____
Joint Owner #2 Signature (required if applicable) Date

X _____
Joint Owner #3 Signature (required if applicable) Date

Include a photocopy of valid U.S. Government issued photo ID for all new applicants age 18 and older on the account.

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 owner on the account.

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 Imaging (Steps 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



Return your completed Account Ownership Delete/Add Form to Alliant.
Be sure to include:

- A photocopy of valid U.S. Government issued photo ID for all new applicants age 18 and older on the account.

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

The owner information supplied below is intended to **delete or add** owner(s) to your account. The owner(s) of this account agree(s) that all owners on this account are authorized to delete/add owner(s) with the exception of deleting the primary owner of the account. **Alliant 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
- Open or close shares unless the member is a minor
- Initiate, modify or delete passwords or access codes

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

TO DETERMINE YOUR TWO-DIGIT SHARE ID REFER TO THE TABLE BELOW

Alliant Account Description	Share ID
Savings	01
Supplemental Savings	21-39
Certificates	60-99

1. Account Owner Information

First Name MI Last Name

Member Account Number

2. Ownership Change

- I want to **delete** existing Joint Owner(s) on my account.
(complete steps 3 & 6)
- I want to **add** Joint Owner(s) to my account.
(skip step 3)
- I want to **delete and add** Joint Owner(s) to my account.
(complete all steps)

3. Delete Joint Owner(s)*

(Note: If an Joint Owner(s) is being deleted from an account, all associated plastic cards for electronic access will be cancelled for that owner.)

Delete the following Joint Owners from my: (Please check all accounts that apply. Share ID required for each Share you are deleting the Joint Owner(s) from.)

ACCOUNT TYPE	SHARE ID
<input type="checkbox"/> SAVINGS	_____
<input type="checkbox"/> SUPPLEMENTAL SAVINGS	_____
<input type="checkbox"/> CERTIFICATE*	_____
<input type="checkbox"/> CHECKING	_____

First Name MI Last Name

First Name MI Last Name

OWNER 3

Owner 3 is being added to my: (Please check all accounts that apply. Share ID is required for each Share you are adding the new Joint Owners(s) to.)

ACCOUNT TYPE	SHARE ID
<input type="checkbox"/> SAVINGS	_____
<input type="checkbox"/> SUPPLEMENTAL SAVINGS	_____
<input type="checkbox"/> CERTIFICATE*	_____
<input type="checkbox"/> CHECKING	_____

First Name MI Last Name

Social Security Number/ITIN Date of Birth

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

City State Zip Code

Home Phone Work Phone (optional)

ID# (e.g., U.S. Driver's License, State or Military ID, or Passport) Issuing State/Country

Issue Date Expiration Date

4. Add Joint Owner(s)*

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. Omissions or an inability to verify this information may cause a processing delay. Beneficiaries can not be named as Joint Owners on the same Share ID.

OWNER 2

Owner 2 is being added to my: (Please check all accounts that apply. Share ID is required for each Share you are adding the new Joint Owner(s) to.)

ACCOUNT TYPE	SHARE ID
<input type="checkbox"/> SAVINGS	_____
<input type="checkbox"/> SUPPLEMENTAL SAVINGS	_____
<input type="checkbox"/> CERTIFICATE*	_____
<input type="checkbox"/> CHECKING	_____

First Name MI Last Name

Social Security Number/ITIN Date of Birth

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

City State Zip Code

Home Phone Work Phone (optional)

ID# (e.g., U.S. Driver's License, State or Military ID, or Passport) Issuing State/Country

Issue Date Expiration Date

5. Ordering Checks and VISA® Debit Card

Printed checks and card(s) will be mailed to the address on record for owner #1. Your new VISA® Debit Card and system-generated PIN will be received under separate cover within 14 days. If you do not receive your card or PIN mailer, please contact Alliant Credit Union.

YES NO

- I would like a free VISA® Debit Card with my checking account
 I would like checks with my checking account

Check Style: Duplicate or Single

Check Design: Alliant or United Airplane

Check Starting Number (use 101 or higher): _____

Additional information printed on checks:

YES NO

- Name of Joint Owner #2
 Name of Joint Owner #3
 Address of Account Owner
 Home Phone Number of Account Owner
 Driver's License Number of Account Owner

Check with Alliant for other check styles, checkbook covers or to obtain check pricing. Prices may vary and are subject to change without notice. Payment(s) will be deducted from your checking account. If you would like a Convenience Card for your savings account, please contact us and we'll send you an order form.

(continued on reverse) 