

4. Order New Checks and Cards

Would you like to order new checks and cards for your checking account?

YES NO

- Free VISA® Debit Card for New Joint Owner #1
 - Free VISA® Debit Card for New Joint Owner #2
 - Free VISA® Debit Card for New Joint Owner #3
 - I would like checks with my checking account. The cost of checks will be deducted from your checking account.
- Check Style: Duplicate or Single
- Check Starting Number (use 101 or higher): _____

Checks will be printed with the information we have on file for you. In addition, would you like any of the following added to your checks?

YES NO

- Name of New Joint Owner #1
- Name of New Joint Owner #2
- Name of New Joint Owner #3
- Address of Account Owner
- Home Phone Number of Account Owner
- Drivers License Number of Account Owners

Check with Alliant for other check styles, checkbook covers or to obtain check pricing. Prices may vary and are subject to change without notice.

Printed checks and card(s) will be mailed to the primary address on record for the primary account owner. Your new VISA® Debit Card(s) will be received under separate cover within 14 days. If you do not receive your card, please contact Alliant Credit Union. If you would like to order a Convenience Card (available with savings only), please complete a Convenience Card order form.

FOR OFFICE USE ONLY

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

2 Verification: Reviewed by Teller ID _____ Date _____

3 ChexSystems: _____ SS# Issuance (Yr.) _____ (State) _____

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

5. 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

Applicant Signature (required) _____ Date _____

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

X

Joint Applicant Signature (required if applicable) _____ Date _____

X

Joint Applicant Signature (required if applicable) _____ Date _____

X

Joint Applicant Signature (required if applicable) _____ Date _____

Include a photocopy of valid U.S. government- or state-issued photo ID or a Passport with documentation verifying the home address, such as a utility bill or lease agreement, for all new applicants age 18 and older on the account.

MINOR ACCOUNTS: If the account owner or joint owner is/are 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").

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



P.O. Box 66945, 11545 W. Touhy Avenue
Chicago, IL 60666-0945
www.alliantcreditunion.org



- 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

The owner information supplied herein is intended to **add or delete** owner(s) to/from your account. The owner(s) of this account agree(s) that all owners on this account are authorized to add/delete 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

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.

Include a photocopy of valid U.S. government- or state-issued photo ID or a Passport with documentation verifying the home address, such as a utility bill or lease agreement, for all new account owners age 18 and older that are added on the account.

1. Account Owner Information

If the Primary account owner is under 18, the parent, grandparent or guardian must be a joint owner on the account.

First Name _____ Middle Name _____ Last Name _____

Member Account Number _____

2. Add Joint Owner(s) To My Account

ADD NEW JOINT OWNER #1

Beneficiaries cannot be named as Joint Owners on the same Share ID. Owner 1 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.) 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	_____
<input type="checkbox"/> Checking	_____

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

First Name _____ Middle Name _____ Last Name _____

Is this person also a beneficiary on this account? Yes No

If yes, this individual cannot also be a Joint Owner on this account type. To remove this person as a beneficiary, please complete a Beneficiary add/delete form.

Social Security Number/ITIN _____ Date of Birth _____

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

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone (optional) _____

Employment Status: Employed Homemaker Retired Self employed
 Student Unemployed

Occupation-If retired, previous occupation _____ Employer Name-if student, school name _____

Employer/School City, State and Country _____

Work Phone (optional) _____

Email _____

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 _____

ADD NEW JOINT OWNER #2

Beneficiaries cannot be named as Joint Owners on the same Share ID. 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.) 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	_____
<input type="checkbox"/> Checking	_____

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

First Name _____ Middle Name _____ Last Name _____

Is this person also a beneficiary on this account? Yes No

If yes, this individual cannot also be a Joint Owner on this account type. To remove this person as a beneficiary, please complete a Beneficiary add/delete form.

Social Security Number/ITIN _____ Date of Birth _____

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

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone (optional) _____

Employment Status: Employed Homemaker Retired Self employed
 Student Unemployed

Occupation-If retired, previous occupation _____ Employer Name-if student, school name _____

Employer/School City, State and Country _____

Work Phone (optional) _____

Email _____

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 _____

ADD NEW JOINT OWNER #3

Beneficiaries cannot be named as Joint Owners on the same Share ID. 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 Owner(s) 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	_____
<input type="checkbox"/> Checking	_____

ADD NEW JOINT OWNER #3 cont'd

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

First Name _____ Middle Name _____ Last Name _____

Is this person also a beneficiary on this account? Yes No

If yes, this individual cannot also be a Joint Owner on this account type. To remove this person as a beneficiary, please complete a Beneficiary add/delete form.

Social Security Number/ITIN _____ Date of Birth _____

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

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone (optional) _____

Employment Status: Employed Homemaker Retired Self employed
 Student Unemployed

Occupation-If retired, previous occupation _____ Employer Name-if student, school name _____

Employer/School City, State and Country _____

Work Phone (optional) _____

Email _____

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 _____

3. Delete Joint Owner(s) From My Account

(Note: If a 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 is required for each Share you are deleting the new Joint Owner(s) 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	_____
<input type="checkbox"/> Checking	_____

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

please be sure to complete section #5