



SEP (Simplified Employee Pension Plan)
TRADITIONAL IRA – APPLICATION AND REVOCABLE DESIGNATION OF BENEFICIARY(IES)

IRA owner's name (member):
address:
country:
member account no.:
daytime phone no.:
social security no.:
date of birth:

Please indicate if you have a spouse [] Yes [] No

PRIMARY BENEFICIARY(IES)

If you name more than one primary beneficiary, use the % column to indicate the percentage each is to receive. The total must equal 100%.

Table with 5 columns: %, print name, address, city, state, zip code, relationship, birthdate

SECONDARY BENEFICIARY(IES)

If you name more than one secondary beneficiary, use the % column to indicate the percentage each is to receive. The total must equal 100%.

Table with 5 columns: %, print name, address, city, state, zip code, relationship, birthdate

See IRA Custodial Agreement for further information.

=====CONSENT OF SPOUSE=====

I consent to the designation of beneficiary(ies) on this form. I also waive all my rights to this IRA under community property laws, except to the extent of my interest under the designation of beneficiary(ies) on this form. I understand that I may not revoke this consent in the future. However, this waiver of my rights will terminate if my spouse (OWNER) amends this designation of beneficiary(ies) without my consent during my lifetime.

signature of owner's spouse _____ date _____

If your spouse is not named as a primary beneficiary with at least 50% allocation of IRA funds, then have spouse sign CONSENT OF SPOUSE.

=====IRA OWNER'S SIGNATURE=====

As the undersigned IRA owner, I hereby request Alliant Credit Union to establish a Traditional Individual Retirement Account for my benefit, and to act as the Custodian of this account. I acknowledge receipt of the Credit Union Disclosure Statement which includes a financial projection table. I also acknowledge receipt and accept the terms and conditions of the Credit Union IRA Custodial Agreement.

IRA owner's signature (member) _____ date _____

If you do not received acceptance copy within 30 days, please contact our IRA Department at our Chicago Headquarters by mail or by phone.

ACCEPTANCE OF CUSTODIAN

The Credit Union hereby acknowledges receipt of this application and does hereby establish a Traditional Individual Retirement Account for the above IRA owner under terms and conditions of the Credit Union Traditional IRA Custodial Agreement.

credit union representative's authorized signature _____ date _____

RETURN COMPLETED FORM TO ALLIANT CREDIT UNION. FAX: 773-462-8735