



TRADITIONAL IRA - APPLICATION AND REVOCABLE DESIGNATION OF BENEFICIARY(IES)

IRA owner's name (member): member account no.:
address: daytime phone no.:
Country: 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.

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.

IRA owner's signature (member) date

If you do not receive the 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