

I/We agree that the terms of this Trust Account Application and the accompanying Account Agreement and Disclosures booklet and Fee Schedule constitute a contract between Alliant and me/us, subject to state and federal laws and the Uniform Commercial Code, as adopted in the state of Illinois.

I/We agree to accept information via email at the address provided herein. I/We further acknowledge that by signing this agreement, Trustee will have access to his/her authorized Alliant accounts through all electronic means offered by Alliant.

Revocable Proxy: I/We do hereby appoint the Board of Directors of Alliant, who are the qualified and acting directors at the time this proxy is used, as proxies to vote for the election of directors, proposals for mergers or voluntary dissolutions, the share(s) of Alliant now or hereafter owned or held by me/us, as the said directors or a majority of them see fit, at all annual or special meetings of the members of Alliant hereafter held and any adjournment thereof, from time to time and year to year, until and unless this proxy is cancelled by me/us.

I/We understand that the proxy appointment is voluntary and not a condition of membership. By checking this box , I/We deny the proxy provision and opt to vote my/our shares by attending the Annual Meeting of Shareholders held in Chicago, Illinois, during the first quarter of each year.

Consumer Report and Credit Report Agreement: I/We authorize Alliant to obtain information from a consumer reporting agency and to obtain copies of my/our credit reports, now and in the future, in order to determine my/our eligibility for membership and products and services offered by or through Alliant, regardless of whether I/we have applied for the product or service.

Substitute W-9 Form: Under penalties of perjury, I certify that (1) the number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding either because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) The IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. Person (including a U.S. Resident Alien). (Note: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding).

Checking Overdraft Protection: If I/we select overdraft protection, funds (if available) will be drafted from my/our Trust Savings account in the event of an accidental overdraft. I/We understand that certain transactions from my/our Trust Savings account may be limited by federal regulations. As a result, if I/We reach these limitations in a given month, overdraft transfers may not be authorized. Refer to the Fee Schedule at alliantcreditunion.com for a list of these types of fees.

1 Trustee(s) must meet eligibility requirements for Alliant membership. Please visit www.alliantcreditunion.com for details regarding Alliant membership eligibility.

2 The complimentary \$5 savings deposit will be deposited directly into your new Alliant Trust Savings Account. One complimentary \$5 savings deposit per Trust account. Trust account will forfeit the complimentary \$5 savings deposit if account is closed within 90 days of establishing.

3 APY=Annual Percentage Yield. Alliant High Rate Checking Dividends are paid on the last day of each month to checking accountholders who have opted out of receiving paper statements (receive eStatements only) and have a recurring monthly electronic deposit to their Alliant checking account each month (e.g., a direct deposit, payroll deposit, ATM deposit, mobile check deposit or transfer from another financial institution). Otherwise, Alliant checking accounts do not earn a dividend. Checking dividend may change after account is opened and is subject to change monthly. There is no minimum balance requirement to open an Alliant checking account or to earn a dividend. Account is subject to approval. We may not open checking for you if you do not meet Alliant criteria. Alliant checking charges no monthly maintenance or service fees; however, if incurred, fees such as a stop payment fee or NSF fee will apply. Please refer to the Fee Schedule at www.alliantcreditunion.com for a list of these types of fees. Account is subject to approval. We may not open checking for you if you do not meet Alliant criteria.

4 A fee will apply if you choose to receive an account statement in paper form; refer to the Fee Schedule at www.alliantcreditunion.com. To avoid the paper statement fee, log in to Alliant Online Banking at www.alliantcreditunion.com to change your statement preference to eStatements.

COMPLETE APPLICATION AND RETURN:

- Mail to:
Alliant Credit Union
Attn: Special Services
PO Box 66945
Chicago, IL 60666-0945
- Fax to: 773-462-8730

FOR MORE

INFORMATION:
Call 800-328-1935 (24/7)
TDD/TTY 773-462-2300
(Mon.- Fri., 7am to 7pm CT)



PO Box 66945, 11545 W. Touhy Avenue
Chicago, IL 60666-0945
alliantcreditunion.com



**Federally insured by
NCUA**



Preserve your wealth



Establish a revocable trust or irrevocable trust account

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT
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. Therefore, when you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We will ask to see your driver's license and/or other identifying documents.

Return your completed Trust Account Application to Alliant

Be sure to include a photocopy of valid U.S. government- or state-issued photo ID or a Passport for all trustees age 18 and older on the account who are not currently members of Alliant Credit Union. If you include a Passport, or if the address on your ID is different from the address provided, also include a photocopy of documentation verifying your home address such as a utility bill or lease agreement.

Sign up for free eStatements - they're free, fast, secure and better for the environment. Alliant offers members both electronic and paper account statements. Electronic statements are free, and paper statements are available for a fee as per the fee schedule.⁴ If you'd like to receive paper statements, no action is required. If you'd like to opt out of receiving paper statements and avoid the paper statement fee, log in to Alliant Online Banking to change your statement preference to eStatements.

For office use only
Member Account Number _____ The applicant's information provided on this form and corresponding photo identification were collected and verified in accordance with the USA Patriot Act by _____.

Complete all sections, then sign and date in Section #7. All fields are required unless noted.

Please print clearly in black ink only and initial any changes to this form.



Trust Account Application

To open your Trust* Account

Complete the Application and return it to Alliant along with copies of the pages of your Trust Agreement or Certification of Trust that indicate:

- Type of Trust
- Name of the Trust
- Date the Trust was established
- Names of the Trustees
- Death certificate for deceased Trustee(s) (if applicable)
- Names of the Successor Trustees
- If Trustees may act independently or must act together (if there is more than one Trustee)
- Names of the Beneficiary(ies)
- Signature and notary seal

Please supply a death certificate if one of the Trustees is deceased. If all the Trustees of a Trust are deceased, then the Successor Trustee must obtain a Tax ID Number and provide a copy of the death certificate(s).

***PLEASE NOTE: This does not change the name of an existing account. A new account will be opened in the name of your Trust.**

1. Account Eligibility for Trustee¹

Please check one

- I am an employee retiree member of:

Name of Employer/Organization Employee ID Number (if applicable)

- I am a relative or domestic partner of a current Alliant member

Relative Name Relative Account Number

Relative Employer

- I live or work in a qualifying community

City State

- I want to become a member of Foster Care to Success (FC2S), therefore making me eligible to apply for membership with Alliant. I understand that Alliant will share my name and contact information with FC2S and pay a \$5 membership fee on my behalf to FC2S.

2. Account Selection

Receive a complimentary \$5 initial savings deposit when you open an Alliant Trust Savings Account.²

Trust Savings – in the name of the Trust and Trustee(s).

Trust Checking – in the name of the Trust and Trustee(s).

Earn a high rate³ checking dividend when you:

- Opt out of paper statements and receive free eStatements⁴ through Alliant's secure online banking. To opt out of paper statements, visit Alliant Online Banking at alliantcreditunion.com. **AND**
- Have a recurring monthly electronic deposit to your Alliant checking account (e.g., a direct deposit, payroll deposit, mobile check deposit or transfer from another financial institution; see section #6).

Visa[®] debit card and Savings ATM card are not available with a Trust Account.

3. Account & Statement Options

YES NO

- Free Checks** – Your first box of standard checks is free.

Check Style: Duplicate or Single

Check Starting Number (use 101 or higher): _____

Information printed on checks will include the name of the Trust, names of all Trustees and the address of Trustee #1 Note: Printed checks will be mailed to the address on record for the Trust.

- Checking Account Overdraft Protection** – Transfer money from my Trust Savings Account only (subject to overdraft transfer fee).

Free eStatements – You will automatically receive paper statements for a nominal fee as per the Fee Schedule. Go to Alliant Online Banking to switch to free eStatements and avoid the paper statement fee.⁴

4. Trust Information

Name of Trust

Social Security Number/ITIN Date of Trust

If there is more than one Trustee, may Trustees act independently?

- Yes No

By checking "yes" you acknowledge that any Trustee may withdraw funds from the Trust Account, including account closure, without consent of any other Trustee. If no box is checked, it will be assumed that all Trustees must act together on all Trust transactions.

Trustee #1 Initials Trustee #2 Initials

Trustee #1

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

First Name Middle Name Last Name

Social Security Number/ITIN Date of Birth

4. Trust Information (Continued)

Trustee #1 (cont.)

Street Address (include unit # - PO Box not accepted)

City State/Province Zip/Postal Code Country

Home Phone Cell Phone (optional)

Employment Status: Employed Retired Self-employed
 Student Unemployed

Occupation (if retired, previous occupation; if self-employed, profession) 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 (required)

- Yes, I want to provide an alternate mailing address (PO Box accepted. If selected, all account correspondence will be mailed to this address.)

Address (include unit #)

City State/Province Zip/Postal Code Country

Trustee #2

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

First Name Middle Name Last Name

Social Security Number/ITIN Date of Birth

Street Address (include unit # - PO Box not accepted)

City State/Province Zip/Postal Code Country

Home Phone Cell Phone (optional)

Employment Status: Employed Retired Self-employed
 Student Unemployed

Occupation (if retired, previous occupation; if self-employed, profession) 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 (required)

5. Additional Deposit/Funding

Receive a complimentary \$5 initial savings deposit when you open an Alliant Trust Savings Account.² To make an additional deposit to your new account(s), please indicate below. If you do not qualify for a checking account, your total initial deposit, if applicable, will be deposited into your Trust Savings Account.

- Check or Money Order** payable to Alliant Credit Union enclosed for deposit to:
Trust Savings \$ _____ and/or Trust Checking \$ _____

- Transfer from an existing Alliant account for deposit to:**
One of the Trustees must be an owner on the account from which the funds are being transferred.

Trust Savings \$ _____ and/or Trust Checking \$ _____

Member Account #

Transfer from: Savings Supplemental Savings Checking

6. Direct Deposit Authorization

You can arrange Direct Deposit to your Alliant account(s) by providing the payor institution with the **Alliant Routing & Transit/ABA# (271081528)** and your Alliant 14-digit checking account number or 10-digit savings account number and account type.

7. Signatures and Agreements (Required)

By signing this application, I/we certify that I/we am/are eligible for membership in Alliant Credit Union (Alliant) as noted herein, all information is complete and correct, I/we agree to all account terms as published following the signature bars below and on the reverse side, and I/we agree to subscribe for and maintain at least one share (\$5.00).

*If you are not a U.S. Citizen, or other U.S. Person including a U.S. Resident Alien, check the following box to designate your denial of Form W-9 Certification and to request IRS Form W-8BEN which must be completed and returned to Alliant Credit Union.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

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 trustees age 18 and older on the account who are not currently members of Alliant Credit Union.

X _____, Trustee _____
Trustee #1 Signature (required) Date

X _____, Trustee _____
Trustee #2 Signature (required if applicable) Date

Important: To avoid processing delays, Non-U.S. Citizens or Non-U.S. Persons (including a Non-Resident Alien) should complete and return a W-8BEN form (available at alliantcreditunion.com) with your completed Trust Account Application.

To ensure your Account is opened in a timely manner, please include copies of the documentation from the checklist to the left with your completed agreement.

(Application continued on reverse)