

Trust Account Application (cont.)

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 give my/our consent to have Alliant and/or its assigned credit bureau obtain any and all credit report information, including but not limited to my/our employment, checking and/or savings accounts, credit obligations and all other credit matters which Alliant may require in connection with my/our application for membership. In the event my/our application is approved, I/we also give my/our consent to have Alliant and/or its assigned credit bureau obtain additional credit reports and other information after approval of my/our application for membership, for purposes of reviewing my employment, checking and/or savings accounts and credit obligations; obtain credit reports and other information for purposes of taking collection action; obtain credit reports in order to determine my/our eligibility for products and/or services offered by or through Alliant, regardless of whether I/we have applied for the product or service; and obtain credit reports and other information for other legitimate purposes associated with my Alliant membership.

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. Refer to the Fee Schedule at alliantcreditunion.com for a list of these types of any related fees. 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.

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. 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.



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Chicago, IL 60666-0945
800-328-1935 (24/7)
alliantcreditunion.com



Federally insured by
NCUA



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:

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

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

Select the option that best applies to you.

- A. I am an: Employee Retiree Member

Employer or Organization Name

- B. I am a relative or domestic partner of a current member:

Relative Name

Account Number

- C. I live or work in a qualifying community:

City

State

- D. I want to become an Alliant Credit Union Foundation digital inclusion advocate, therefore making me eligible to apply for membership with Alliant Credit Union. I understand that Alliant Credit Union will share my name and contact information with the Foundation and make a one-time \$5 contribution on my behalf.²

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.

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.

3. Account and Statement Options

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

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.

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 (Required)

Date of Birth (MM/DD/YYYY)

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

City

State/Province

Zip/Postal Code

Country

Employment Status:

Employed

Student

Unemployed

Self-employed

Retired

Employer Name/School Name and City, State and Country (Or former employer name if retired or unemployed)

Occupation (Or former occupation if retired or unemployed)

Home Phone

Work Phone

Mobile Phone

4. Trust Information (Continued)

Trustee #1 (cont)

Check this box to opt out of receiving text message alerts about suspected credit and debit card fraud. You must provide Alliant with a mobile phone number and leave the checkbox unchecked to receive alerts. Data rates may apply.

Personal Email Address

Work Email Address

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

Issuing State/Country

Mother's Maiden Name (used for security authentication)

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

Alternate Mailing Address (include unit # - PO Box accepted)

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 (Required)

Date of Birth (MM/DD/YYYY)

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

City

State/Province

Zip/Postal Code

Country

Employment Status:

Employed

Student

Unemployed

Self-employed

Retired

Employer Name/School Name and City, State and Country (Or former employer name if retired or unemployed)

Occupation (Or former occupation if retired or unemployed)

Home Phone

Work Phone

Mobile Phone

Check this box to opt out of receiving text message alerts about suspected credit and debit card fraud. You must provide Alliant with a mobile phone number and leave the checkbox unchecked to receive alerts. Data rates may apply.

Personal Email Address

Work Email Address

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

Issuing State/Country

Mother's Maiden Name (used for security authentication)

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 _____

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.

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 with unexpired ITIN 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.

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.



Please be sure to 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 owners age 18 and older on the account who are not currently members of Alliant Credit Union.

Application continued on back →