

Instructions for adding a Power of Attorney to your Alliant account

A Power of Attorney (POA) is a legal document that is established by the Principal to empower an Agent to act on the Principal's behalf. Alliant allows accountholders to name an Agent to their accounts in order to perform transactions or other account administration as their POA allows. Please note: Alliant cannot accept POAs that only grant the Agent authority over the Principal's healthcare.

An Agent may not add himself/herself as a joint owner or beneficiary on the Principal's account. Agents cannot perform transactions on an IRA or a Trust account unless specifically stated in the POA document.

Documents required to add a POA on an account include:

1. Photocopy of the full Power of Attorney document
2. Notarized Affidavit signed by the POA agent.
3. Photocopy of POA agent's government issued photo ID

Please forward required documentation to:

Alliant Credit Union
 Attn: Special Services
 PO Box 66945
 Chicago, IL 60666-0945
 773-462-8730 (FAX)

While the POA document may instruct how to sign as the Agent or state law may indicate specific endorsement, common endorsing examples include:

- Name (Principal), by Name (Agent) POA
- Name (Agent) as POA, for Name (Principal)

A POA Agreement becomes void either when the primary member terminates the POA agreement, by means of an expiration date, or the primary member is deceased.

POWER OF ATTORNEY AFFIDAVIT

Agent Information

 First Name Middle Name Last Name

 Social Security Number/ITIN (optional)

 Street Address

 City State/Province Zip/Postal Code Country

 Home Phone Cell Phone (optional)

Member Information

 First Name Middle Name Last Name

 Account Number(s)

I, _____ (agent), being first duly sworn, on oath says:

1. I am the agent appointed under the subject Power of Attorney, which Power of Attorney is attached hereto and incorporated herein.
2. The attached document is a true, accurate and complete copy of the subject Power Of Attorney.
3. To the best of my knowledge, the principal is alive.
4. To the best of my knowledge, my powers under the subject Power of Attorney have not been altered or terminated.

 Signature of Agent

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20____.

 Signature of Notary Public Commission Expires

State of: _____ County of: _____

For Office Use Only.

Teller ID: _____ Date Received: _____

Documents required:

- Copy of full Power of Attorney document,
 Notarized Affidavit,
 Copy of agent's valid government-issued photo ID



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NCUA