

**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 Supplemental Savings Account Agreement to Alliant**

Be sure to include a photocopy of valid U.S. government- or state-issued photo ID or a Passport for all owners 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.

**If you have ever established a Fraud Victim Alert**

If at any time you and/or the Joint Owner(s) on your account (if applicable) established a **Fraud Victim Alert** with a credit bureau, please include a photocopy of **three** forms of identification for each owner on the account, one from each of the categories below:

- **Valid government- or state-issued photo identification such as:** U.S. driver's license, state ID, Passport
- **Documentation verifying your home address such as:** utility bill, lease agreement
- **U.S. government- or state-issued personal documentation such as:** social security card, birth certificate, permanent resident card

**If you have a Credit Freeze on your account:**

- Please check this box.** If checked, an Alliant Account Services Representative will contact you upon receipt of your Supplemental Savings Account Agreement so you can remove your credit freeze and complete the enrollment process.

To designate a beneficiary(ies) to your account, a Beneficiary Add/Delete form can be found at [alliantcreditunion.com](http://alliantcreditunion.com).

If you have questions, contact Alliant at 800-328-1935 (24/7).

**COMPLETE AGREEMENT AND RETURN:**

- Stop by an Alliant Branch, or mail to:  
Alliant Credit Union  
Attn: Account Services  
PO Box 66945  
Chicago, IL 60666-0945  
• Fax to: 773-462-2124

**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](http://alliantcreditunion.com)



**Federally insured by  
NCUA**

# Supplemental Savings Account Agreement



## Set aside funds for future goals



*A way to save for a  
big purchase, event or  
the unexpected*

**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 \_\_\_\_\_

You must be a member to use this form. If you are not a member, please complete a Membership Enrollment Agreement to establish your membership.

† If your personal information or address have changed, please visit [alliantcreditunion.com](http://alliantcreditunion.com) to obtain and complete a Personal Information Change form or Address Change form and return with this Agreement.

## 1. Primary Owner Information <sup>†</sup> (Must be a current Alliant member)

• If the Applicant is under age 18, the parent or guardian must be a Joint Owner on the account in order to transact business.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Member Account Number \_\_\_\_\_  
 Employment Status:  Employed  Homemaker  Retired  Self-employed  
 Student  Unemployed

Occupation-if retired, previous occupation \_\_\_\_\_ Employer Name-if student, school name \_\_\_\_\_

Employer/School City, State and Country \_\_\_\_\_

Work Phone (optional) \_\_\_\_\_ Email \_\_\_\_\_

## 2. Joint Owner Information (Optional)

• If the Primary Owner is between age 13-17 and has a Teen Checking account, the Joint Owner who is receiving correspondence for that account must be added to the Supplemental Savings account. Additional Joint Owners can be added to the Supplemental Savings account.

Member Account Number (if an existing Alliant member) \_\_\_\_\_

\*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 Code/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone (optional) \_\_\_\_\_  
 Employment Status:  Employed  Homemaker  Retired  Self-employed  
 Student  Unemployed

Occupation-if retired, previous occupation \_\_\_\_\_ Employer Name-if student, school name \_\_\_\_\_

Employer/School City, State and Country \_\_\_\_\_

## Complete all sections, then sign and date in Section #5. All fields are required unless noted.

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

Work Phone (optional) \_\_\_\_\_ Email (required if Primary Owner is under age 18) \_\_\_\_\_

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) \_\_\_\_\_

## 3. Direct Deposit Authorization (Optional)

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.

## 4. Initial Deposit/Funding (Optional)

**Check or Money Order** payable to Alliant Credit Union enclosed for deposit to:

Supplemental Savings \$ \_\_\_\_\_

**Transfer funds from an existing Alliant account for deposit to:**

Either the Primary Owner or Joint Owner must be an owner on the account from which the funds are being transferred.

Supplemental Savings \$ \_\_\_\_\_

Member Account Number \_\_\_\_\_

Transfer from:  Savings  Supplemental Savings  Checking

## 5. Signatures and Agreements (Required)

By signing this agreement, I/we certify that I/we am/are members of Alliant Credit Union (Alliant), and all information is complete and correct. I/we agree to all account terms.

I/We agree that the terms of this Supplemental Savings Account Agreement, along with my/our Membership Enrollment Agreement and the Account Agreement and Disclosures booklet and Fee Schedule as provided to me/us upon establishing membership remain in full effect and constitute a contract between Alliant Credit Union 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 agree to the terms regarding payroll deduction and direct deposit, if applicable, and further acknowledge that by signing this agreement, the

Primary Owner will have access to his/her authorized Alliant accounts through all electronic means offered by Alliant, in accordance with the Account Agreement and Disclosure.

**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 products and services offered by or through Alliant, regardless of whether I/we have applied for the product or service.

**Account Designation:** If I/we do not select a Joint Owner or beneficiaries on my/our Supplemental Savings Account, in the event of death, funds will be transferred to my/our primary savings account and paid to the Joint Owner (if applicable) or to the beneficiary(ies) named on the primary savings account.

\*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.**

\_\_\_\_\_ Date \_\_\_\_\_  
 Primary Owner Signature (required)

\_\_\_\_\_ Date \_\_\_\_\_  
 Joint Owner Signature (required if applicable)

**MINOR ACCOUNTS:** If the Primary Owner is a child under 12 years of age, the parent or guardian must sign the child's name and his or her own name and date (i.e. "John Smith, a minor; by parent, Mary Smith").

**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](http://alliantcreditunion.com)) with your completed Supplemental Savings Account Agreement.**

**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.**