

Type of loan: check one

Recreational Vehicle     Other Collateral \_\_\_\_\_

\$ \_\_\_\_\_ Term Requested: \_\_\_\_\_ months  
loan amount requested

1. Loan Applicant Information

(must be same individual as in section 3 on the Membership Enrollment Agreement on reverse side)

Employment Status:  Employed     Self Employed     Retired     Unemployed

Present Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Date of Hire (mm/yyyy) \_\_\_\_\_

Employer Address \_\_\_\_\_ Employer Phone \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_ Source of Other Income<sup>1</sup> \_\_\_\_\_  
Gross Monthly Income    Other Income

\$ \_\_\_\_\_ Yrs at Current Residence \_\_\_\_\_  Rent or  Own  
Monthly Housing Payment

<sup>1</sup>Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

2. Joint Applicant/Spouse Information (Optional)

\* Married applicants may apply for individual credit. You are required to complete spousal information only (first five lines below) if you are a resident of a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI). You must complete all lines below if you are relying on income or applying for joint credit with a Joint Applicant or Spouse.

Member Account Number (if applicable) \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address (include unit #) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Work Phone \_\_\_\_\_ Social Security Number/ITIN \_\_\_\_\_

Employment Status:  Employed     Self Employed     Retired     Unemployed

Present Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Date of Hire (mm/yyyy) \_\_\_\_\_

Employer Address \_\_\_\_\_ Employer Phone \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_ Source of Other Income<sup>1</sup> \_\_\_\_\_  
Gross Monthly Income    Other Income

<sup>1</sup>Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

3. Attestation of Joint Credit (required if applying for joint credit)

We intend to apply for joint credit.

Applicant Signature (required)

Joint Applicant Signature (required)

4. MEMBER'S CHOICE™ Protection Enrollment

MEMBER'S CHOICE™ Protection is voluntary and not required in order to obtain this credit. Protection is available up to age 70. We will not consider whether or not you elect this protection in making our credit decision. The rate you are charged is subject to change. You will receive notice before any increase goes into effect. please check a or b

- a-  Yes, I would like to sign up for the following Protection Plan:
  - Ultra Plan** Monthly fee of \$2.90 per \$1,000 of the monthly outstanding balance.
  - Preferred Plan** Monthly fee of \$1.95 per \$1,000 of the monthly outstanding balance.
  - Preferred Plus Plan** Monthly fee of \$3.80 per \$1,000 of the monthly outstanding balance.
  - Consumer Life Plan** Monthly fee of \$0.70 per \$1,000 of the monthly outstanding balance.
- b-  No, I waive this valuable member-only offer for Credit Protection.

5. Payment Method

Save time and money—Receive a 0.4% rate reduction off your standard qualifying rate when you select an automatic payment option. Please check one

**AUTOMATIC PAYMENT FROM AN ALLIANT CREDIT UNION ACCOUNT**  
The amount of your payment as calculated in your Loan Agreement will be transferred from your specified account:

Account type to be debited:  Alliant savings or  Alliant checking  
Frequency:  Biweekly     Semimonthly     Monthly

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

**AUTOMATIC PAYMENT FROM AN ACCOUNT HELD AT ANOTHER FINANCIAL INSTITUTION** The amount of your payment as calculated in your Loan Agreement will be transferred from your specified account:

Account type to be debited:  Savings or  Checking  
Frequency:  Biweekly     Semimonthly     Monthly

Financial Institution \_\_\_\_\_ Account Number \_\_\_\_\_

Routing & Transit/ABA # (located on bottom of checks or deposit slips) \_\_\_\_\_

**PLEASE ATTACH A VOIDED PERSONAL CHECK OR A COPY OF YOUR MOST RECENT STATEMENT AS PROOF OF ACCOUNT OWNERSHIP** (If neither of these documents is attached, your request cannot be processed.)

**PAYMENT BY MONTHLY COUPON**—not eligible for a reduced interest rate

6. Signatures and Agreement

By signing below, I represent that I (the applicant or applicants) am the borrower and everything I have stated in this application is true, complete, and correct to the best of my knowledge and may be relied upon in evaluating this loan request. I understand that it may be a federal crime punishable by fine or imprisonment or both to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by the National Credit Union Administration. I understand that Alliant Credit Union (Alliant) will retain this application whether or not the loan is approved. I agree to the terms and conditions of the payment method I selected and I agree to accept information regarding this loan via e-mail at the address provided herein. I authorize Alliant to check my employment history, obtain my credit report, and to answer questions about its credit experience with me.

FOR APPLICATIONS WHERE MEMBER'S CHOICE™ Protection IS SELECTED: I attest that I have received and thoroughly read the MEMBER'S CHOICE™ Protection Agreement. I authorize the MEMBER'S CHOICE™ Protection fees to be added to my loan each month. I understand that I may cancel the protection within 30 days and any fee paid would be returned and that I can cancel any time after the initial 30 days. I also understand that I may not be eligible for all benefits contained in the MEMBER'S CHOICE™ Protection Program.

FOR APPLICATIONS WHERE AUTOMATIC PAYMENT FROM AN ALLIANT ACCOUNT IS SELECTED: I understand that I will be responsible for making sure there are sufficient funds in my account on the due date as indicated on my loan documents.

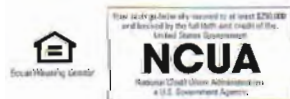
FOR APPLICATIONS WHERE PREAUTHORIZED PAYMENT FROM AN ACCOUNT HELD AT ANOTHER FINANCIAL INSTITUTION IS SELECTED: I authorize Alliant Credit Union (Alliant) to initiate debit and credit entries via Electronic Funds Transfer through the Automated Clearing House (EFT-ACH) on my account at the depository financial institution listed herein to pay my Alliant loan. I further authorize Alliant to perform any necessary correction entries, as needed, to my account at the depository financial institution listed herein to pay my Alliant loan. I understand and agree that I must allow Alliant thirty (30) calendar days to process and initiate the EFT-ACH payment for my loan, and that my loan payments are due by the date(s) specified in my loan agreement; the EFT-ACH payment method does not, in any way, alter or change the obligations and/or requirements for payment of my loan.

If the interest rate changes or if I take an advance against any line of credit (if applicable), I understand and agree that my EFT-ACH payment will be updated to reflect the change(s), per my loan agreement. I also understand if I change the payment frequency on my loan and/or elect to use the coverage provided by Alliant's Member Assistance Program, or if I take advantage of any other program or offer made or approved by Alliant, my EFT-ACH payment will also be updated to reflect this change, pursuant to the terms of my authorized changes to the loan agreement.

I understand and agree that if my account at the depository financial institution I listed in section 5 does not have sufficient funds to make my loan payment, Alliant will not be responsible or liable for any penalties or charges assessed by any other financial institution as a result of such insufficiency. Alliant may attempt to withdraw my loan payment via EFT-ACH one additional time, though I acknowledge that, in the event Alliant's additional attempt to collect my payment via EFT-ACH is unsuccessful, I must make my loan payment by other means. I understand that Alliant will assess a fee to my loan(s), in addition to any other fees and/or charges, as a result of my account at the depository financial institution listed having insufficient funds. Please refer to the Fee Schedule at [www.alliantcreditunion.org](http://www.alliantcreditunion.org) for a complete list of fees. I understand that Alliant's advertised rates include the 0.4% interest rate reduction for automatic payment and that by choosing the automatic payment option, I qualify for the interest rate reduction of 0.4% off my standard qualifying rate. If I accept the automatic payment option and cancel it at anytime, I agree that my APR will increase by 0.4%. Failure to make a successful loan payment via ACH two consecutive months may result in an automatic revocation of the ACH by Alliant and a rate increase of 0.4%. I agree to notify Alliant in writing at least thirty (30) days in advance to cancel this EFT-ACH payment authorization. In all instances, if my loan becomes delinquent after 10 days, a late fee will be assessed. Please refer to the Fee Schedule at [www.alliantcreditunion.org](http://www.alliantcreditunion.org) for a complete list of fees.

Applicant Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

Joint Applicant Signature (required if applying jointly) \_\_\_\_\_ Date \_\_\_\_\_



Please print in black ink only and initial any changes to this form. For your protection, faxed copies are not accepted.

A photocopy of valid U.S. Government issued photo ID or a Passport for all applicants age 18 and older is required. If you include a Passport, also include a copy of documentation verifying your home address, such as a utility bill, lease agreement, voter registration card or vehicle registration.

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 age 18 and older who opens an account.

for office use only

Member Account Number

Referring Employee

## 1. Membership Eligibility

Please check one

I live or work in a qualifying community

City

State

I belong to:  Local PTA/PTSA  National PTA  Relative of PTA member

If you select one of the above PTA options as a basis of eligibility, you must be a member of PTA or join PTA to be eligible for Alliant membership. If you are not a member of PTA, please join at [www.pta.org](http://www.pta.org).

## 2. Account Ownership

Single or  Joint The ownership selected here will apply to the savings account.

## 3. Applicant Information

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

First Name

MI

Last Name

Social Security Number/ITIN

Date of Birth

Street Address (include unit # - P.O. Box not accepted)

City

State

Zip Code

Home Phone

Cell Phone (optional)

Work Phone

E-mail (required for eStatements)

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

## 4. Joint Applicant Information (Optional)

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

First Name

MI

Last Name

Social Security Number/ITIN

Date of Birth

Street Address (include unit # - P.O. Box not accepted)

City

State

Zip Code

Home Phone

Cell Phone (optional)

Work Phone

E-mail

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

## 5. Initial deposit to open your account

A minimum initial deposit of \$5 is required to open your savings account.

Check or Money Order enclosed for

payable to Alliant Credit Union

## 6. Signatures and Agreements (Required)

By signing this agreement, I/we certify that I/we am/are eligible for membership in Alliant Credit Union as noted herein, all information is complete and correct, I/we agree to all account terms and I/we agree to follow Alliant's bylaws and amendments and subscribe for and maintain at least one share (\$5.00). I/We agree that the terms of this Membership Enrollment Agreement and the Account Agreement and Disclosures booklet and Fee Schedule provided to me/us upon account opening constitute a contract between Alliant and me/us, subject to state and federal laws and the Uniform Commercial Code, as adopted in the state in which Alliant's main office is located. I/We agree to the terms regarding direct deposit if applicable, and to accept information regarding my account(s), including account statements, via e-mail at the address provided herein. I/we further acknowledge that by signing this agreement, Applicant will automatically be enrolled and 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 Agreement:** I/We authorize Alliant to obtain information from a consumer reporting agency, 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.

**Credit Report Agreement:** I/We authorize Alliant 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.

**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).

\*\* If you are not a U.S. Citizen or U.S. Person including a Resident Alien, check the following box  to designate your denial of Form W-9 Certification and to request IRS Form W8-BEN 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.

X

Applicant Signature (required)

Date

X

Joint Applicant Signature (required if applicable)

Date

Include a photocopy of valid U.S. Government issued photo ID or a Passport with documentation verifying the home address, for all applicants age 18 and older on the account.

