

Date Submitted _____ Salesperson _____ Email Address _____

Applicant Information

SS# _____ Married
 Name (First, Middle, Last) _____ Unmarried
 Date of Birth _____ Separated
 Home Address Street _____ Own Rent How Long? _____
 City, State, Zip _____ Home Phone _____
 Mobile Phone _____
 Mtg Holder Name _____ Phone # _____ Mtg Balance _____ Payment _____
 Prev Address _____ Own How Long? _____ # Dependents _____
 if less than 2 yr _____ Rent _____
 Present Employer _____ Phone# _____ How Long? _____
 Address _____ Position _____ Annual Income _____
 Prev Employer _____ Phone# _____ How Long? _____
 if less than 2 yrs _____ Position _____
 Other Income _____ Describe (Alimony, child support or separate maintenance payments need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.) Dr. License _____
 Phone# _____
 Nearest Relative Name _____ Address _____ Relationship _____

Co-Applicant Information

SS# _____ Married
 Name (First, Middle, Last) _____ Unmarried
 Date of Birth _____ Separated
 Home Address Street _____ Own Rent How Long? _____
 City, State, Zip _____ Home Phone _____
 Mobile Phone _____
 Mtg Holder Name _____ Phone # _____ Mtg Balance _____ Payment _____
 Prev Address _____ Own How Long? _____ # Dependents _____
 if less than 2 yr _____ Rent _____
 Present Employer _____ Phone# _____ How Long? _____
 Address _____ Position _____ Annual Income _____
 Prev Employer _____ Phone# _____ How Long? _____
 if less than 2 yrs _____ Position _____
 Other Income _____ Describe (Alimony, child support or separate maintenance payments need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.) Dr. License _____
 Phone# _____
 Nearest Relative Name _____ Address _____ Relationship _____

All of the statements made in this application are true and correct and are made for the purpose of obtaining credit. You are authorized to investigate my credit record to verify my credit, employment and income references and to obtain such other information as you deem necessary and to give credit reporting agencies and others information regarding your credit experience with me.

Applicant's Signature _____ Date _____ Co-Applicant's Signature _____ Date _____

Bill of Sale Information

Manufacturer _____ Year _____ Model _____ New Used Total Unit Price \$ _____
 Net Trade Value \$ - _____
 Trade-In _____ Sales Tax \$ + _____
 Service Add-Ons \$ - _____
 Cash Down \$ - _____
 Balance Due \$ _____
 Gross Amount Allowed \$ _____ Additional Fees \$ + _____
 Less Payoff \$ - _____ Total Due \$ _____
 Net Trade in Value \$ _____
 Fees Paid to Others:
 Tag & Title _____ Document Fee _____ Extended Service Contract _____ Other _____

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

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

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.



LA86-001,009

*******IMPORTANT*******

**New federal (RED FLAG) law
Requires us to have a copy of your customer's drivers
license.**

We are unable to proceed without this.

When making copies.

**Enlarge the license as BIG as possible.
Then write the license number out, along with the issue date
and also the
Expiration date.**

**It is also important that we obtain the mothers maiden name
from each applicant.**

**Proof of income required with applications
(self employed, 2 years tax returns,
Direct deposit, 2 consecutive bank statements
Pay roll, two consecutive pay stubs)**

**If you have any questions, please contact Diversified Sales &
Finance at 262-995-7128 or 262-878-7880**