

- Please print clearly in black ink only and initial any changes to this form.
- This form is not accepted for IRA, Coverdell Education Savings Accounts (ESA), IRA Certificates and Coverdell ESA Certificates. Please complete the IRA or ESA beneficiary form that can be obtained at [alliantcreditunion.com](http://alliantcreditunion.com).

## 1 Account Owner Information

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

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

## 2 Add Beneficiary(ies) To My Account

- This form will supersede any previous beneficiary designation you may have on record with Alliant and any accommodations you have made in your Will for the disposition of your Alliant accounts.
- Beneficiaries may be an individual or a Trust. Neither the primary owner nor a Joint Owner(s) can be designated as beneficiaries on the same Share ID. Alliant does not offer contingent beneficiaries.
- Complete all the information requested, being thorough in your responses as it will help us locate your beneficiaries when necessary.

Please check all accounts to which you wish to add beneficiary(ies). The Share ID is required for each account you are adding the beneficiary(ies) to. If you need help determining the Share ID, please refer to your account statement or contact a Member Service Representative at 800-328-1935 (24/7).

ACCOUNT TYPE	SHARE ID
<input type="checkbox"/> Savings	_____
<input type="checkbox"/> Supplemental Savings	_____
<input type="checkbox"/> Certificate	_____

### COMPLETE AGREEMENT AND RETURN:

- 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**

### BENEFICIARY #1

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

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

\_\_\_\_\_  
 City                      State/Province                      Zip/Postal Code                      Country

\_\_\_\_\_  
 Social Security Number/ITIN                      Date of Birth                      Relationship

## BENEFICIARY #2

\_\_\_\_\_  
First Name Middle Name Last Name Proportion %

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

\_\_\_\_\_  
City State/Province Zip/Postal Code Country

\_\_\_\_\_  
Social Security Number/ITIN Date of Birth Relationship

## BENEFICIARY #3

\_\_\_\_\_  
First Name Middle Name Last Name Proportion %

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

\_\_\_\_\_  
City State/Province Zip/Postal Code Country

\_\_\_\_\_  
Social Security Number/ITIN Date of Birth Relationship

## BENEFICIARY #4

\_\_\_\_\_  
First Name Middle Name Last Name Proportion %

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

\_\_\_\_\_  
City State/Province Zip/Postal Code Country

\_\_\_\_\_  
Social Security Number/ITIN Date of Birth Relationship

## BENEFICIARY #5

\_\_\_\_\_  
First Name Middle Name Last Name Proportion %

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

\_\_\_\_\_  
City State/Province Zip/Postal Code Country

\_\_\_\_\_  
Social Security Number/ITIN Date of Birth Relationship

**Proportions combined must total 100%.**  
If not indicated, funds will be distributed equally.

**Total Proportion 100%**

**Note:** If you have more than five beneficiaries, you may obtain additional beneficiary add/delete forms at [alliantcreditunion.com](http://alliantcreditunion.com) or by calling 800-328-1935 (24/7).

## 3 Delete Existing Beneficiary(ies) From My Account

Please check all accounts from which you wish to delete beneficiary(ies). The Share ID is required for each account you are deleting the beneficiary(ies) from. *If you need help determining the Share ID, please refer to your account statement or contact a Member Service Representative at 800-328-1935 (24/7).*

ACCOUNT TYPE	SHARE ID
<input type="checkbox"/> Savings	_____
<input type="checkbox"/> Supplemental Savings	_____
<input type="checkbox"/> Certificate	_____

## BENEFICIARY NAME(S)

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

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

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

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

## 4 Signature (Required)

I, the undersigned, agree to the terms stated on this form, as an amendment to the account agreement governing the savings, supplemental savings or share Certificate account and also agree to the beneficiary(ies) changes indicated. The undersigned also agrees to the terms stated in the separate Account Agreement and Disclosures booklet and Fee Schedule and acknowledge their receipt.

**X** \_\_\_\_\_  
Account Owner Signature (required) Date  
Must be same person as in step 1.

FOR OFFICE USE ONLY:

**Step 1 Processing:** Teller ID \_\_\_\_\_ Branch/Dept \_\_\_\_\_ Date \_\_\_\_\_

**Step 2 Imaging:** Forward to Document & Workflow  
(Step 1 must be completed prior to Imaging.)