Membership Application Instructions

Thank you for considering ALEC as your financial institution.

You are about to realize all the benefits ALEC membership has to offer. As a unique financial institution, we only serve Abbott and AbbVie employees and retirees, including their immediate and extended family members.

We first need to determine your eligibility.

Are you a current employee or retiree of **Abbott or AbbVie?**

Are you a family member, listed below, of a current Abbott or AbbVie employee or retiree?

- ☐ Spouse
- ☐ Domestic Partner
- ☐ Parent
- ☐ Grandparent
- ☐ Child
- ☐ Grandchild
- ☐ Legal Dependent
- ☐ Brother
- ☐ Sister
- ☐ In-Laws
- ☐ Uncle
- ☐ Aunt
- ☐ Nephew
- ☐ Niece
- ☐ Cousin

Did you answer yes to either of those questions? Great!

Now you are ready to complete the application process and begin your relationship with an organization owned by its members, including you!

Please take the time to follow the steps listed below to avoid any delay in processing your application.

1. **Complete the application.**
2. **Sign the application.**
3. **Complete the Debit Courtesy Pay Consent Form.**
4. **Include your initial deposit.**
   - $5.00 required to establish membership
   - Any additional monies to fund your accounts
5. **Include a photocopy of your identification.**
   - Valid Driver's License OR,
   - Government Issued ID
6. **Deliver all items to ALEC.**
   - Drop it off at any ALEC Service Center
   - Mail it to:

     ALEC – Attn: New Accounts
     325 Tri-State Parkway
     Gurnee, Illinois 60031-5280

Once your membership information is received, you will be contacted by one of our Member Services Representatives to officially welcome you to ALEC, provide you with your member number and answer any questions you may have about your new membership.

We are here to help you improve your financial well-being and future.
Contact us at anytime.

Abbott Laboratories Employees Credit Union

325 Tri-State Parkway
Gurnee, IL 60031-5280

p: 800.762.9988
f: 847.360.0355

alecu.org

MEMBERSHIP APPLICATION

MEMBER NUMBER

Please check one: ☐ New Membership

Existing members please complete: ☐ Add Joint Owner ☐ Name Change ☐ Account Ownership/Beneficiary Change ☐ Member Number Change

MEMBERSHIP ELIGIBILITY *Please check eligibility:*

Please check sponsor company:

☐ **Abbott**
☐ **AbbVie**
☐ **ALEC**

Please check individual eligibility:

☐ **Employee** Hire Date _____ Employee Number _____ Location _____
☐ **Retiree** Date of Retirement _____
☐ **Family Member** Employee/Retiree Name _____

Relationship: ☐ Spouse ☐ Domestic Partner ☐ Parent ☐ Grandparent ☐ Extended
☐ Child ☐ Grandchild ☐ Sibling ☐ Legal Dependent _____

ACCOUNT OWNERSHIP *Please check one:*

☐ **Individual** ☐ **Custodian** - UTMA Agreement Required ☐ **Estate Account** - Letter of Office Required ☐ **Club** - Resolution of Authority Required

☐ **Joint** ☐ **DBA** - Sole Proprietorship Authority Required/ Trade Name Certificate Required ☐ **Revocable Trust Account** - Trust Agreement Dated _____ ☐ **Other** _____

MEMBER INFORMATION

Identification is required to establish your membership:
Copy of your valid driver's license or another form of government-issued ID (passport or non-driver ID).

Name *(please print)*

SSN/TIN

Street Address

City/State/Zip Code

Primary Number ☐ Cell ☐ Home

Work Phone

Birth Date

Driver's License / ID # State

Email Address

JOINT OWNER INFORMATION

Identification is required to establish your membership:
Copy of your valid driver's license or another form of government-issued ID (passport or non-driver ID).

Name *(please print)*

SSN/TIN

Street Address

City/State/Zip Code

Primary Number ☐ Cell ☐ Home

Work Phone

Birth Date

Driver's License # State

Email Address

OPEN THESE ACCOUNTS *Please check accounts requested.*

		Deposit Amount
☐ **Savings** ($5 deposit required)		$
☐ **Free Checking**		$
☐ **Rewards Checking** ($50 minimum)		$
☐ **Money Market** ($2,000 minimum)		$
☐ **Health Savings Account**		$
☐ **Holiday Club**		$
☐ **Certificate** ($500 minimum)		$
Select your term: 6 12 24 36 48 60		
☐ **Other** _____		$

PROVIDE ME FREE ACCESS *Please check all services requested.*

☐ **Visa® Debit Card**
☐ **HSA Debit Card**
☐ **Telephone Banking**

SELF ENROLL @ alecu.org

- **Online and Mobile Banking**
- **Bill Pay** - Online Banking and Checking Account required
- **E-Statements and E-Notices** - Online Banking required
- **Real-Time Alerts** - Stay informed on your accounts
- **Mobile Deposit** - Online Mobile Check Deposit

DISCOVER THE REWARDS OF MEMBERSHIP

We think you'll find a lot to love about our credit union. Let us know if you would like to learn more about any or all of our additional products and services, created just for you.

Please contact me about the following:

☐ Auto Loan
☐ Visa® Credit Cards
☐ Mortgage
☐ Home Equity *(IL, MN, OH & WI only)*
☐ New IRA or Rollover IRA
☐ Health Savings Certificate
☐ Investment & Insurance Services

Best method of contact: ☐ Email ☐ Mail ☐ Phone

Best time to contact: ☐ 8:00 am-12:00 pm CST ☐ 12:00 pm-5:00 pm CST

AMERICAN SHARE INSURANCE (Required)

By members' choice, your deposits in Abbott Laboratories Employees Credit Union (ALEC) are insured by American Share Insurance (ASI), a state-approved share insurance fund where each account is insured up to $250,000. We ask that you acknowledge the fact that this institution is not federally insured, and if the institution fails, the Federal Government does not guarantee that depositors will get back their money.

Member Signature _____ Date _____

PROXY AGREEMENT

☐ By checking this box, the undersigned does hereby appoint the members of the Board of Directors of ALEC who are qualified and acting directors at the time this proxy is used, as proxies to cast all votes to which the member is entitled, for the election of directors, mergers and matter with regard to which credit union shareholders are entitled to vote by proxy, as the said directors or a majority of them see fit, at all annual or special meetings of the members of ALEC hereafter held and any adjournment thereof, from time to time and year to year, until and unless this proxy is cancelled by the member. The member further authorizes the said proxies to designate a person or committee to cast the votes or votes of the member in such manner and for such candidates as the said proxy shall determine, hereby ratifying whatever the said proxies may do in the premises.

BACKUP WITHHOLDING CERTIFICATION

I am not subject to backup withholding because:

(1) I am exempt from backup withholding, or
(2) 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
(3) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen (including a U.S. resident alien)

Certification Instructions:

Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.
Cross out item 3 and complete a W-8 BEN if you are not a U.S. citizen.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

BENEFICIARY INFORMATION (Optional)

Name *(please print)*		Relationship	Name *(please print)*		Relationship
Birth Date	Phone Number	SSN/TIN (optional)	Birth Date	Phone Number	SSN/TIN (optional)
Street Address			Street Address		
City/State/Zip Code			City/State/Zip Code		

ACCOUNT AGREEMENT

By submitting this form, the undersigned applies for membership in ALEC and agrees to its bylaws and terms and conditions of any approved account, as amended from time to time. I/We authorize the Credit Union to verify identity as required by the USA Patriot Act and certify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency.

TERMS AND CONDITIONS

I/We acknowledge receipt and agree to the Fee Schedule, Privacy Policies, the terms and conditions contained in Membership Agreements and Disclosures brochure, which includes Truth in Savings, Electronic Funds Transfers and Funds Availability disclosures. I/We agree that by submitting this form I/we authorize ALEC to establish the account(s) for me/us. I/We understand and agree to the terms and conditions as follows:

- I/We understand that ALEC will retain this membership application.
- I /We certify that I/we have read and agree to all terms, authorizations and disclosures and agree to be bound, as specified. I/We understand that if I/we apply jointly, both of us have the right to use the account and will be jointly liable for the entire account balance.

Member Signature _____ Date _____

Joint Signature _____ Date _____
(If applicable)

Member Alias/Nickname Signature _____ Date _____
(If applicable)

Credit Union Use Only

Teller # _____ Service Center _____ Date Processed _____ Verified by _____ Imaged Date _____

MEMBER NUMBER

Debit Courtesy Pay Consent Form

ATM & Everyday Debit Card Transactions

What you need to know about Overdrafts and Overdraft Fees

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

1. We have a standard overdraft practices that come with your account.
2. We also have overdraft protection plans, such as a link to a savings account, which may be less expensive than our standard overdraft practices. To learn more, ask us about these plans.

This notice explains our standard overdraft practices.

What are the standard overdraft practices that come with the account?

We do authorize and pay overdrafts for the following types of transactions:

- Checks and other transactions made using your checking account number
- Automatic bill payments

We do not authorize and pay overdrafts for the following types of transactions unless you ask us to (see below):

- ATM transactions
- Everyday debit card transactions

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction. If we do not authorize and pay an overdraft, your transaction will be declined.

What fees will I be charged if Abbott Laboratories Employees Credit Union (ALEC) pays my overdraft?

Under our standard overdraft practices:

- We will charge you a fee of up to $28 each time we pay an overdraft.
- There is no limit on the total fees we can charge you for overdrawing your account.

What if I want ALEC to authorize and pay overdrafts on my ATM and everyday debit card transactions?

If you also want us to authorize and pay overdraft on ATM and everyday debit card transactions:

- Call ALEC at **800.762.9988**
- Visit alecu.org
- Or complete the form below and mail to the address to the right:

ALEC
325 Tri-State Parkway
Gurnee, IL 60031

Detach here

DEBIT COURTESY PAY CONSENT

☐ I want ALEC to authorize and pay overdrafts on my ATM and everyday debit card transactions.
☐ I do not want ALEC to authorize and pay overdrafts on my ATM and everyday debit card transactions.

Share Type _____
Share Type _____
Share Type _____

Printed Name _____ Member Number _____

Member Signature X _____ Date _____

For Internal Use Only

Initials/ID _____ Branch _____ Date Processed _____ Verified By _____ Image Date _____

DCP-0325