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** ☐ **Joint**

☐ **Custodian** - UTMA Agreement Required
☐ **DBA** - Sole Proprietorship Authority Required/ Trade Name Certificate Required
☐ **Estate Account** - Letter of Office Required
☐ **Revocable Trust Account** - Trust Agreement Dated _____
☐ **Club** - Resolution of Authority Required
☐ **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 _____