

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?

- | | | |
|---|--|---------------------------------|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Grandchild | <input type="checkbox"/> Uncle |
| <input type="checkbox"/> Domestic Partner | <input type="checkbox"/> Legal Dependent | <input type="checkbox"/> Aunt |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Brother | <input type="checkbox"/> Nephew |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Sister | <input type="checkbox"/> Niece |
| <input type="checkbox"/> Child | <input type="checkbox"/> In-Laws | <input type="checkbox"/> 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
401 N. Riverside Drive, Suite 1-A
Gurnee, Illinois 60031-5915*

**Abbott Laboratories
Employees Credit Union**

401 N Riverside Dr.
Suite 1-A
Gurnee, IL 60031-5915

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.**

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:*

<p><i>Please check sponsor company:</i></p> <input type="checkbox"/> Abbott <input type="checkbox"/> AbbVie <input type="checkbox"/> ALEC	<p><i>Please check individual eligibility:</i></p> <input type="checkbox"/> Employee Hire Date _____ Employee Number _____ Location _____ <input type="checkbox"/> Retiree Date of Retirement _____ <input type="checkbox"/> Family Member Employee/Retiree Name _____ Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Extended <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> Legal Dependent _____
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ACCOUNT OWNERSHIP *Please check one:*

<input type="checkbox"/> Individual	<input type="checkbox"/> Custodian - UTMA Agreement Required	<input type="checkbox"/> Estate Account - Letter of Office Required	<input type="checkbox"/> Club - Resolution of Authority Required
<input type="checkbox"/> Joint	<input type="checkbox"/> DBA - Sole Proprietorship Authority Required/ Trade Name Certificate Required	<input type="checkbox"/> Trust Account - Trust Agreement Dated _____	<input type="checkbox"/> 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 # _____ State _____

Mother's Maiden Name _____

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 _____

Mother's Maiden Name _____

Email Address _____

OPEN THESE ACCOUNTS *Please check accounts requested.*

	<i>Deposit Amount</i>
<input type="checkbox"/> Savings (\$5 deposit required) _____	\$ _____
<input type="checkbox"/> Free Checking _____	\$ _____
<input type="checkbox"/> Rewards Checking (\$50 minimum) _____	\$ _____
<input type="checkbox"/> Money Market (\$2,000 minimum) _____	\$ _____
<input type="checkbox"/> Health Savings Account _____	\$ _____
<input type="checkbox"/> Holiday Club _____	\$ _____
<input type="checkbox"/> Certificate (\$500 minimum) _____	\$ _____
Select your term: 6 12 24 36 48 60	
<input type="checkbox"/> Other _____	\$ _____

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

Visa® Debit Card - For Savings and Checking Accounts

HSA Debit Card - Health Savings Account required

Telephone Banking - Required for Online Banking

SELF ENROLL @ alecu.org

Online Banking - Telephone Banking required

Bill Pay - Online Banking and Checking Account required

E-Statements and E-Notices - Online Banking required

Mobile and Tablet App - Online Banking required

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.

Our Focus: You

Please contact me about the following:

<input type="checkbox"/> Auto Loan	<input type="checkbox"/> New IRA or Rollover IRA
<input type="checkbox"/> Visa® Credit Cards	<input type="checkbox"/> Health Savings Certificate
<input type="checkbox"/> Mortgage	<input type="checkbox"/> Investment & Insurance Services
<input type="checkbox"/> Home Equity <i>(IL, OH, WI & MN only)</i>	

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 your credit union is not federally insured and if the institution fails, the federal government does not guarantee that you will get back your 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)	Name (please print)	
Birth Date	Primary 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 Notice, the terms and conditions contained in the Important Information about Share Accounts 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, if there is a joint owner) 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 _____
(If applicable)

Date _____

Member Alias/Nickname Signature _____
(If applicable)

Date _____

Credit Union Use Only

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

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 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 currently charge a fee of \$28 each time we pay an overdraft. These fees are subject to change, please refer to your fee schedule for the most up to date fees that can be incurred.
- 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
401 N Riverside Dr. Ste 1-A
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.

Printed Name _____ Member Number _____ Share Type _____
 Member Signature X _____ Date _____

For Internal Use Only

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