

**FIDUCIARY/GUARDIAN/CUSTODIAN
APPLICATION**



ACCOUNT NUMBER

Important Information: 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 who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying documents. By submitting this application, you authorize the Credit Union to obtain information necessary to verify your identity. This may include information obtained from consumer reporting agencies, public databases, or other sources. If the Credit Union is unable to verify information you provide, an account will not be opened.

BENEFICIARY

NAME OF BENEFICIARY			BENEFICIARY SOCIAL SECURITY NUMBER
ACCOUNT TITLE			
ADDRESS	CITY	STATE / ZIP CODE	BIRTH DATE
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE / ZIP CODE	GENDER
PRIMARY PHONE NUMBER		IDENTIFICATION NUMBER	
MOTHER'S MAIDEN NAME		E-MAIL ADDRESS	
<input type="checkbox"/> Beneficiary is a member of the immediate family of a qualifying ¹ Air Products or Versum Materials employee. ² <input type="checkbox"/> Beneficiary is a member of the immediate family of an APCI FCU member. ²			
<small>¹Employees of Air Products or Versum Materials who work in, are paid from, or supervised from Allentown, Pennsylvania. ²Membership pending sponsor verification.</small>			
BENEFICIARY'S RELATIONSHIP TO EMPLOYEE / MEMBER		EMPLOYEE / MEMBER NAME	

- Beneficiary is **not** subject to backup withholding. Beneficiary is subject to backup withholding as a result of failure to report all interest or dividends to the Internal Revenue Service.

APCI Federal Credit Union is hereby authorized to recognize the signature of the fiduciary/guardian/custodian subscribed hereto in the payment of funds or the transaction of any business for this account. The term account or accounts as used in this part applies to all shares (excluding IRA) under this account.

I certify the information provided is true and correct and authorize APCI Federal Credit Union (FCU) to check my account, credit, employment history, and to obtain consumer reports from third parties, including credit bureau reports, in order to determine my eligibility for Credit Union accounts and services. I understand that APCI FCU may rely on information in this application and in consumer reports to make its decision. By signing this application, I agree to the terms and conditions of the account as established by the Credit Union and agree to conform to its bylaws and amendments thereof, copies of which are available upon request. I also certify and agree by my signature below, that the social security numbers listed on this membership application are correct.

The right or authority of the Credit Union under this agreement shall be not changed or terminated by said owners, or any of them except by written notice to said Credit Union which shall not affect transactions therefore made.

FIDUCIARY/GUARDIAN/CUSTODIAN

NAME OF FIDUCIARY/GUARDIAN/CUSTODIAN		SOCIAL SECURITY NUMBER	
ADDRESS		E-MAIL ADDRESS	
CITY	STATE / ZIP CODE	BIRTH DATE	STATE / DRIVER'S LICENSE NUMBER
EMPLOYER / OCCUPATION		WORK PHONE NUMBER	PRIMARY PHONE NUMBER
SIGNATURE			DATE

FIDUCIARY/GUARDIAN/CUSTODIAN

NAME OF FIDUCIARY/GUARDIAN/CUSTODIAN		SOCIAL SECURITY NUMBER	
ADDRESS		E-MAIL ADDRESS	
CITY	STATE / ZIP CODE	BIRTH DATE	STATE / DRIVER'S LICENSE NUMBER
EMPLOYER / OCCUPATION		WORK PHONE NUMBER	PRIMARY PHONE NUMBER
SIGNATURE			DATE

ACKNOWLEDGEMENT

STATE/COMMONWEALTH OF _____

COUNTY OF _____

On this, the _____ day of _____, 20____, before me
 _____, the undersigned officer, personally appeared
 _____ and _____ and _____

known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument,
 and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

SEAL

Notary Public

Date

NOTE TO NOTARY: Please make sure **all** information is completely filled in, including all the names notarized.
 If there is missing information, document will be returned. Thank you.

IMPORTANT INFORMATION - PLEASE READ

Thank you for your interest in joining APCI Federal Credit Union. Please review the following information to expedite your membership processing:

- ✓ I have enclosed a clear copy of my unexpired Driver's License or Passport.
- ✓ All names must be legal names as they appear on Driver's License/Passport.
- ✓ Signature must be witnessed by an APCI Federal Credit Union employee or notarized.
 If a current signature is on file, existing member signatures do not have to be notarized or witnessed.
- ✓ I have enclosed a copy of the Certificate of Appointment.
- ✓ I have enclosed a \$5.00 minimum membership deposit (check or money order) payable to APCI Federal Credit Union.

Please contact Member Services at 800-821-5104 if you have any questions.

CREDIT UNION USE ONLY