



IN TRUST FOR ACCOUNT 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.

MEMBER/ACCOUNT OWNER NAME (FIRST, MIDDLE OR INITIAL, LAST)			MOTHER'S MAIDEN NAME
SOCIAL SECURITY OR TAXPAYER ID NUMBER			GENDER
PHYSICAL ADDRESS	CITY	STATE / ZIP CODE	BIRTH DATE
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE / ZIP CODE	PRIMARY PHONE NUMBER
ALTERNATE PHONE NUMBER		EMAIL ADDRESS	STATE / DRIVER'S LICENSE NUMBER
EMPLOYER / OCCUPATION		WORK PHONE NUMBER	WORK PHONE EXTENSION
<input type="checkbox"/> Member/Account Owner is a qualifying¹ Air Products or Versum Materials employee . Employee Number _____ <input type="checkbox"/> Member/Account Owner is a member of the immediate family of a qualifying¹ Air Products or Versum Materials employee. ² <input type="checkbox"/> Member/Account Owner 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>			
MEMBER/ACCOUNT OWNER RELATIONSHIP TO EMPLOYEE / MEMBER		EMPLOYEE / MEMBER NAME	

I hereby apply for membership in the APCI Federal Credit Union and agree to conform to its bylaws and amendments thereof, copies of which are available to me upon request. I also certify and agree by my signature below, that the number listed on this membership card is my correct Social Security/Taxpayer Identification Number and:

- I am a U.S. Citizen
 I am a Permanent Resident
 I am a Non-Permanent Resident
 I am **not** subject to backup withholding.
 I am subject to backup withholding as a result of failure to report all interest or dividends to the Internal Revenue Service.

MEMBER/ACCOUNT OWNER SIGNATURE	DATE
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IN TRUST FOR ACCOUNT AGREEMENT (NOT TRANSFERABLE)

APCI Federal Credit Union is hereby authorized to recognize any of the signatures 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 number. The member/account owner of this account, here-by agree with each other and with said Credit Union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said member/account owner to their credit as such member/account owner with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said Credit Union from any liability for such payment. Upon the death of all member/account owner, ownership passes to the surviving beneficiary. If there are two surviving primary beneficiaries, they own the funds with rights of survivorship. If a beneficiary does not survive the Member/Account Owner(s), the funds are payable to the last surviving Member/Account Owners estate. If the beneficiary is a formal trust (Revocable or Irrevocable), funds are payable directly to the named trust and the Credit Union has no responsibility to administer assets according to the trust document. The member/account owner also agree to the terms and conditions of the account as established by the Credit Union from time to time.

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

**ADDITIONAL MEMBER/ACCOUNT
OWNER INFORMATION**

MEMBER/ACCOUNT OWNER NAME (FIRST, MIDDLE OR INITIAL, LAST)		SOCIALSECURITY OR TAXPAYER ID NUMBER
ADDRESS	CITY	STATE / ZIP CODE
BIRTH DATE	MOTHER'S MAIDEN NAME	STATE / DRIVER'S LICENSE NUMBER
EMPLOYER/OCCUPATION	WORK PHONE NUMBER	PRIMARY PHONE NUMBER
SIGNATURE / DATE		E-MAIL ADDRESS

MEMBER/ACCOUNT OWNER NAME (FIRST, MIDDLE OR INITIAL, LAST)		SOCIALSECURITY OR TAXPAYER ID NUMBER
ADDRESS	CITY	STATE / ZIP CODE
BIRTH DATE	MOTHER'S MAIDEN NAME	STATE / DRIVER'S LICENSE NUMBER
EMPLOYER/OCCUPATION	WORK PHONE NUMBER	PRIMARY PHONE NUMBER
SIGNATURE / DATE		E-MAIL ADDRESS

MEMBER/ACCOUNT OWNER NAME (FIRST, MIDDLE OR INITIAL, LAST)		SOCIALSECURITY OR TAXPAYER ID NUMBER
ADDRESS	CITY	STATE / ZIP CODE
BIRTH DATE	MOTHER'S MAIDEN NAME	STATE / DRIVER'S LICENSE NUMBER
EMPLOYER/OCCUPATION	WORK PHONE NUMBER	PRIMARY PHONE NUMBER
SIGNATURE / DATE		E-MAIL ADDRESS

BENEFICIARY INFORMATION

BENEFICIARY NAME (FIRST, MIDDLE OR INITIAL, LAST)	BIRTH DATE	SOCIALSECURITY OR TAXPAYER ID NUMBER
ADDRESS	CITY	STATE / ZIP CODE
PRIMARY PHONE NUMBER	E-MAIL ADDRESS	

BENEFICIARY NAME (FIRST, MIDDLE OR INITIAL, LAST)	BIRTH DATE	SOCIALSECURITY OR TAXPAYER ID NUMBER
ADDRESS	CITY	STATE / ZIP CODE
PRIMARY PHONE NUMBER	E-MAIL ADDRESS	

BENEFICIARY NAME (FIRST, MIDDLE OR INITIAL, LAST)	BIRTH DATE	SOCIALSECURITY OR TAXPAYER ID NUMBER
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ADDRESS	CITY	STATE / ZIP CODE
PRIMARY PHONE NUMBER	E-MAIL ADDRESS	

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/we have enclosed clear copies of unexpired Driver’s License or Passport for all Members/Account Owners.
- ✓ Member/Account Owner names must be legal names as they appear on Driver’s License/Passport.
- ✓ Signatures 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/we 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

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.