



FIRST CLASS SERVICE



THANK YOU FOR CHOOSING APCU AS YOUR FINANCIAL PARTNER.

Included in this packet is a New Account Questionnaire and an Account Application. Please fill out these forms completely and be prepared to provide appropriate identification for all account holders. Your account can be opened with cash or a check in the amount of \$25.00. For a Primary Savings account, we recommend an opening deposit of \$50, so that your account will immediately begin earning interest.

USA Patriot Act: Federal law requires APCU to obtain sufficient information to verify your identity and to understand your financial services transaction needs and behaviors. APCU protects the information you provide as part of our privacy policy and federal law.

APCU

Atlanta Postal Credit Union
A TRADITION OF SERVICE



Postal Organization Questionnaire

For your protection, federal law requires APCU to obtain sufficient information to verify your identity and to understand your financial services transaction needs and behaviors. APCU protects the information you provide as part of our privacy policy and federal law.

1. Will you deposit or withdraw cash?

Yes No

- If yes, approximately how much cash do you expect to withdraw each month? _____
- If yes, approximately how much cash do you expect to deposit each month? _____

2. Will you send and receive wire transactions?

Yes No N/A

- If yes, what is the expected monthly total of wire transactions that you expect to send?

- If yes, what is the expected monthly total of wire transactions that you expect to receive?

- To/From which countries do you expect to send/receive wires? _____

3. Will you deposit and/or write checks?

Yes No

- If yes, what is the monthly total that you expect to deposit or withdraw?

- If yes, will you be depositing checks remotely using mobile deposit capture?

Yes No

4. Will you send and/or receive electronic (I.E.: ACH, Direct Deposit, Social Security, etc.) transactions?

Yes No N/A

- If yes, what is the expected monthly total of electronic transactions that you expect to receive?

- If yes, what is the expected monthly total of electronic transactions that you expect to send?
- Will these electronic transactions be sent to and/or received from non-US locations?

Yes No

- To/From which countries do you expect to send/receive electronic transactions?



3900 Crown Road • Atlanta, GA 30380-0001
 (404) 768-4126 • (800) 849-8431

ACCOUNT APPLICATION or Account(s) Change Request for Postal-Related Organization and Association Accounts Only

A minimum deposit of \$25 is required to establish membership. Please attach check or money order and mail it along with this application.

Select all that apply*:

- | | |
|---|--|
| <input type="checkbox"/> New Membership Application
<input type="checkbox"/> Change of Address | <input type="checkbox"/> Remove Authorized Signer(s)
<input type="checkbox"/> Update Authorized Signer(s) |
|---|--|

Accounts <small>(check all that apply)</small>	<input type="checkbox"/> Primary Share Savings	<input type="checkbox"/> Checking Account
	<input type="checkbox"/> Visa Debit Card	<input type="checkbox"/> Other

Note: A Visa Check Card, KeyTeller Audio Response service and Internet Branch online service will allow an Authorized Signer(s) transfer capability on all accounts. The Business, Organization, Association listed below is solely responsible for any changes to the authorized signers; and the credit union shall have no liability whatsoever for any transactions undertaken by a person listed as an authorized signer. The following persons are authorized to undertake all actions related to this account and act on behalf of the Account Owner.

Member Number: _____

PRIMARY SHARE ACCOUNT — Postal Organization/Association		
Business, Organization, Association Name		Branch (if applicable)
Mail in C/O		
Statement Mailing Address		
City	State	Zip
Taxpayer I.D. Number		
Authorized Signer Title: _____		
Last Name	First	Middle Initial
Street Address		Date of Birth
City	State	Zip
Work Telephone	E-mail Address	Security Code
Authorized Signer Title: _____		
Last Name	First	Middle Initial
Street Address		Date of Birth
City	State	Zip
Work Telephone	E-mail Address	Security Code
Authorized Signer Title: _____		
Last Name	First	Middle Initial
Street Address		Date of Birth
City	State	Zip
Work Telephone	E-mail Address	Security Code

*Meeting minutes showing appointment, update, removal or other changes to this Membership Application is required.

CERTIFICATION OF CONTROLLER

The information contained in this Certification is sought pursuant to Section 1020.230 of Title 31 of the United States Code of Federal Regulations (31 DFR 1020.230). Please provide the following information for an individual with a significant responsibility for managing or directing the entity, including, an executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or Any other individual who regularly performs similar functions.

Last Name	First	Middle Initial
Street Address		
City	State	Zip
Date of Birth	Social Security Number	Country
If Applicable — For Non-U.S. Persons:	Passport Number or similar identification Number:	Country of Issuance:

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number or number and country to issuance of any government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

I, _____ hereby certify, to the best of my knowledge, that the information provided
(Name of Person Opening Account)
above is complete and correct.

Signature:	Date:
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Remove Signers:	
Name	Title
Name	Title
Name	Title

TIN Certification and Backup Withholding Information

Under penalties of perjury, the undersigned certify on behalf of the Account Owner that:

(1) The number shown on this form is the Account Owner's correct taxpayer identification number, and (2) the Account Owner is not subject to backup withholding because: (a) the Account Owner is exempt from backup withholding, or (b) the Account Owner has not been notified by the Internal Revenue Service (IRS) that the Account Owner is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Account Owner that the Account Owner is no longer subject to backup withholding, and (3) the Account Owner has been organized in the U.S. and is a U.S. person. For federal tax purposes, the Account Owner is considered a U.S. person if Account Owner is: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701.7)

Certification Instructions: Cross out item 2 above if Account Owner has been notified by the IRS that Account Owner is currently subject to backup withholding because Account Owner has failed to report all interest and dividends on Account Owner tax return. Cross out item 3 and complete a W-8 form if Account Owner are not a U.S. person.

Signatures

On behalf of the Account Owner, the undersigned hereby make application for membership in the Atlanta Postal Credit Union and agree to conform to its By-laws and amendments thereof and subscribe for at least one share.

By signing this application, the Account Owner agrees to the terms and conditions of the Membership Account Agreement, Truth-In-Savings with Rate and Fee Schedule, Funds Availability Policy Disclosure, Electronic Funds Transfer Agreement, if applicable, and to any amendment the credit union makes from time to time. The Account Owner acknowledges receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. The Account Owner agrees: (a) the credit union can use credit reporting agencies or otherwise verify the information on this Membership Application for the purpose of extending credit or services to the Account Owner or reviewing or collecting a credit account of the Account Owner; (b) the credit union can tell others about its credit experience with the Account Owner and obtain information from others about the Account Owner's credit history and performance. If the account is opened by mail, the credit union will forward all account disclosures to the Account Owner within 10 business days in accordance with established policy. **The Internal Revenue Service does not require consent to any provision of this document other than certifications required to avoid backup withholding.**

Signature	Date
Signature (if applicable)	Date
Signature (if applicable)	Date
For Credit Union Use Only Account Opened by:	Date