## Apple Federal Credit Union New Account & Loan Application Students are encouraged to discuss financial choices with their parents or legal guardians.



APPLE FEDERAL CREDIT UNION
P.O. Box 1200 | Fairfax, VA 22038-1200
AppleFCU.org | 703-788-4800 | 800-666-7996

To help our 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 when opening a new account. When you open a new account, we will ask your name, address, date of birth, and other information that will help us identify you. We may also ask to see your driver's license or other identifying documents.

	- '						
ELIGIBILITY FOR MEMBERSHIP:   ☑ Student		REQUESTED DEPOSIT PRODUCTS & SERVICES					
lame of Institution/School				5 5	,	I extras Student Checking □ extra antage Checking □ FREE A+ Che	
ACCOUNT TYPE:	□ Individual	☐ Joint (with survivorship)	☐ Joint (without survivorship)			antage checking D Thee A + Che	CKING
Account Number				✓ FREE eSTATEMENT			
MEMBER INFORMATION			eStatement Agreement: I elect to obtain my Apple FCU account information online only via eStatements. I understand that Apple FCU will mail me a paper account statement at any time upon request (a fee may apply). Apple FCU will not disclose or sell any personal information to third parties, excluding credit union				
lame (Last, First, MI)				affiliates, concerning my	, ,		3
ate of Birth (MM/DD/YYYY)		Social Security Number/TIN		Email Address			
			$\hfill\square$ I do NOT wish to receive eStatements. I will instead receive paper statements in the mail.				
treet Address				U.S. PATRIOT ACT CO	NSUMER INFORMATION		
ity, State, Zip				Apple FCI Llike all other	financial institutions in the US	S., is required to assist the U.S. Go	wernment in its effort
				to identify and thwart m	oney laundering and terrorist	financing by complying fully wit	th U.S. Patriot Act
ome Phone Number (	Phone Number ( ) Work Phone Number ( )		and Bank Secrecy Act regulations. To do so, we must have a good understanding of who our members are and what type of business they plan to transact with us. We understand that some of these questions are personal in nature and want to assure you that our only purpose in asking them is to meet U.S. Government				
tobile Phone Number ( ) Email Ar		Email Address	Email Address		regulations. Apple FCU is doing its part to combat terrorism and money laundering and we deeply appreciate our members' assistance and understanding in doing their part as well.		
mployer	ver Occupation Start Date		MEMBER				
				Length of time at current ad	dress:	If less than two years, please provide	e prior address:
mployer's Address		City, State, Zip		Street Address			
river's License/State ID Number	ID Issuing State	ID Issuing Date (MM/DD/YYYY)	ID Expiration Date (MM/DD/YYYY)	City, State, Zip			
OINT OWNER				Country		Place of Birth (City & State or Country)	
lame (Last, First, MI)				Are you a U.S. Citizen?	Do you own a passport?	Are you a Permanent Resident?	
late of Birth (MM/DD/YYYY)		Social Security Number/TIN	Social Security Number/TIN		☐ Yes ☐ No	☐ Yes ☐ No	
reet Address City, State, Zip		Will you process ACH (electronic) transactions? ☐ Yes ☐ No					
ome Phone Number ( )		Work Phone Number (	Work Phone Number ( )		mount of ACH transactions per n	nonth: Number An	mount \$
Mobile Phone Number (	)	Email Address					
mployer		Occupation	Start Date	Will you use our Wire Servi	ces? □ Yes □ No		
mployer's Address		City, State, Zip		Anticipated number and a	mount of wires per month: Num	aber Amount \$	
river's License/State ID Number	ID Issuing State	ID Issuing Date (MM/DD/YYYY)	ID Expiration Date (MM/DD/YYYY)				

## LOAN PRODUCTS

Individual Credit: Complete the Application section about yourself. Complete other information about your spouse if: 1) you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI); OR 2) your spouse will use the account; OR 3) you are relying on your spouse's income for repayment.

Co-Applicant Credit: Complete Applicant and Co-Applicant sections. Each Applicant must individually complete each section.

APPLICANT INFOR	MATION					
Applicant's Name (Last, First, MI)			Housing Status	Monthly Mortgage/I	Rent	
			Live With Parents Own Rent			
Mother's Maiden Name		No. of Dependents	Emergency Contact Name	Emergency Contact Phone Number		
Previous Address			City, State, Zip			
Previous Employer		Previous Employer's	Address		How Long?	
Gross Monthly Salary \$	Other Monthly Inco	ome*	Source of Other Income*			
CO-APPLICANT	Name (Last, First, M	1)				
Date of Birth (MM/DD/YYYY)			Social Security Number/TIN			
Street Address			City, State, Zip			
Employer				Start Date		
Gross Monthly Salary	Other Monthly Inco	*	Source of Other Income*			
\$	\$	лпе	Source of Other Income			
*Alimony, child support, or sep	parate maintenance incom	e need not be reveale	 ed if you do not choose to have it conside	ered.		
ACKNOWLEDGEM	ENTS					
	ition: By signing belov		ne Credit Union to check your empon will tell you the name and ad		lit bureau fror	
or collection of credit you	u receive. If you requer report on you. The Cre	edit Union will rely	y on information you have provid	ed. By signing be	elow you affiri	
or collection of credit you which it received a credit that all information on thi	u receive. If you request report on you. The Cre is document or that ha f Credit: If loan is requ	edit Union will rely s been provided (	y on information you have provid			
or collection of credit you which it received a credit that all information on thi For Auto/Tuition Line of applicable disclosures pro Applicant's Signature	u receive. If you request report on you. The Cre is document or that ha f Credit: If loan is requ	edit Union will rely s been provided (	y on information you have provid elsewhere is correct.			
or collection of credit you which it received a credit that all information on thi For Auto/Tuition Line of applicable disclosures pro	u receive. If you request report on you. The Cre is document or that ha f Credit: If loan is requ	edit Union will rely s been provided (	y on information you have provid elsewhere is correct.	f and agree to th		

## STATE LAW NOTICES

Ohio Residents Only: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Wisconsin Resident Only: (1) No provision of any marital property agreement, unilateral statement under \$766.59, or court decree under \$766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

X	
Signature for Wisconsin Resident Only	Date

By signing below, I/we hereby make application for membership in Apple Federal Credit Union and agree to the terms and conditions of the Membership and Account Agreement, Truth in Savings, Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreements and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement.

Apple Federal Credit Union is hereby authorized to recognize any one of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said credit union that all sums now paid in on shares, or heretofore or hereafter paid on shares, by any or all of said joint owners to their credit as such joint owner, with all accumulations thereon, are and shall be owned by them jointly, and be subject to the withdrawal or receipt of any one of them and payment to any one of them or the survivor(s) or the estate(s) of the deceased joint owner(s)—according to the type of joint share account selected, as evidenced by the signatures below—shall be valid and discharge said credit union from any liability for such payment.

A joint owner who is an Apple FCU member may pledge all or any part of the shares in this account as collateral security for a loan or loans and the credit union is authorized to apply shares at any time against any indebtedness owing to it by any of the joint owners. If joint ownership is desired, all joint owners must complete the information in the space provided. NOTE: All joint owners must agree to the same type of joint ownership.

This account shall be governed by applicable Virginia Laws, Federal Laws, Rules & Regulations, and the By-laws of the Credit Union and any amendments thereto. Statutory Lien: If you are in default on a financial obligation to us, federal law gives us the right to apply the balance of shares and dividends in your account(s) at the time of default to satisfy that obligation. Once you are in default, we may exercise the right without further notice to you. If at any time you cause Apple Federal Credit Union a loss due to breaking an agreement or fraud (i.e., loan default, forgery, etc.) your service usage will be limited. Further, by submitting this application you consent to allow the Credit Union to obtain your consumer reports and verify your employment history and other personal information in connection with this application or for related financial services.

I hereby certify that this information is true and correct under penalty of perjury. Under penalties of perjury, I certify that the Social Security Number I have listed is my correct number and I am not subject to backup withholding. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

## TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury and by signing below, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued),
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) 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 (c) the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. person (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. person.

Account Owner Signature	Date
X	
Joint Owner Signature	Date
X	

FOR OFFICE USE ONLY	Cross reference this account to		
Account No.	Deposit Amount	ID	Membership Group
Branch ID/Teller No.		Chex Systems Clearance	Date