

Apple Federal Credit Union Student 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

Name of Institution/School: _____

ACCOUNT TYPE: Individual Joint (with survivorship) Joint (without survivorship)

Account Number _____

MEMBER INFORMATION

Name (Last, First, MI) _____

Date of Birth (MM/DD/YYYY) _____ Social Security Number/Taxpayer Identification Number (TIN) _____

Street Address _____

City, State, Zip _____

Home Phone Number () _____ Work Phone Number () _____

Mobile Phone Number () _____ Email Address _____

Employer _____ Occupation _____ Start Date _____

Employer's Address _____ City, State, Zip _____

Driver's License/State ID Number _____ ID: Issuing State _____ ID: Date Issued (MM/DD/YYYY) _____ ID: Expiration Date (MM/DD/YYYY) _____

JOINT OWNER

Name (Last, First, MI) _____

Date of Birth (MM/DD/YYYY) _____ Social Security Number/Taxpayer Identification Number (TIN) _____

Street Address _____ City, State, Zip _____

Home Phone Number () _____ Work Phone Number () _____

Mobile Phone Number () _____ Email Address _____

Employer _____ Occupation _____ Start Date _____

Employer's Address _____ City, State, Zip _____

Driver's License/State ID Number _____ ID: Issuing State _____ ID: Date Issued (MM/DD/YYYY) _____ ID: Expiration Date (MM/DD/YYYY) _____

U.S. PATRIOT ACT CONSUMER INFORMATION - APPLE FCU MEMBER

Length of time at current address: _____. If less than two years, please provide your prior address below:

Street Address _____

City, State, Zip _____

Country _____ Place of Birth (City & State or Country) _____

Are you a U.S. Citizen? Yes No Do you have a passport? Yes No Are you a Permanent Resident? Yes No

Will you process ACH (electronic) transactions? Yes No Anticipated number and amount of ACH transactions per month: Number _____ Amount \$ _____

Will you use our Wire Services? Yes No Anticipated number and amount of wires per month: Number _____ Amount \$ _____

DEPOSIT PRODUCTS & SERVICES

- Savings eXtras Student Savings eXtras Student Checking
 Visa® Debit Card Online Banking

Send me more information on Student Choice® Loan Solutions

FREE eSTATEMENTS

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 affiliates, concerning my accounts.

Email Address _____

I do NOT wish to receive eStatements. I will instead receive paper statements in the mail.

TEXT MESSAGE COMMUNICATIONS OPT-IN

- I authorize Apple FCU to communicate with me via text, SMS and cell phone for any reason including collections of past due accounts. I also consent to receive auto-dialed calls or SMS from Apple FCU. I understand that consent is not a condition of purchase.
- I do NOT wish to receive auto-dialed calls to my cell phone or text message communications.

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

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. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

By signing, 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.

Account Owner Signature X	Date
Joint Owner Signature X	Date

FOR OFFICE USE ONLY

Cross reference this account to:

GL Account Number:	GL Deposit Amount:	Staff ID:
Member/Account Notes:		