



# 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





Atlanta Postal Credit Union

Member Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

### New Account 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. What is your employment status?  Employed  Unemployed  Retired  Other \_\_\_\_\_
  - If employed, please list your occupation: \_\_\_\_\_
2. Are you a frequent traveler?  Yes  No
3. Do you travel outside the US?  Yes  No
  - If yes, to which countries do you travel? \_\_\_\_\_
4. Will the initial deposit exceed \$5,000?  Yes  No
  - If yes, what is the source of funds for the initial deposit? \_\_\_\_\_
5. Will you deposit and/or write checks?  Yes  No
  - If yes, will you be using mobile deposit capture to deposit your checks?  Yes  No
6. Will you deposit and/or withdraw cash?  Yes  No
  - If yes, approximately how much cash do you expect to deposit each month? \_\_\_\_\_
  - If yes, approximately how much cash do you expect to withdraw each month? \_\_\_\_\_
7. Will you send and/or 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? \_\_\_\_\_
  - If yes, to/from which countries do you expect to send/receive wires? \_\_\_\_\_
8. 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 monthly total of electronic transactions you expect to send? \_\_\_\_\_
  - If yes, approximately what is the total of monthly electronic transactions you expect to receive? \_\_\_\_\_
  - Will these electronic transactions be sent to/received from non-US locations?
    - Yes. Please specify: \_\_\_\_\_
    - No
9. Are you a US Citizen?
  - Yes
  - No. Please specify: \_\_\_\_\_
10. Are you currently, or have you ever been a politically exposed person or senior political figure?
  - Yes. Please specify: \_\_\_\_\_
  - No
11. Are you an immediate family member or close associate of someone who is currently, or who was, a politically exposed person?
  - Yes. Please specify your relationship: \_\_\_\_\_
  - No
12. Are you an employee of an embassy, foreign consulate, or foreign mission?
  - Yes. Please specify: \_\_\_\_\_
  - No



Atlanta Postal Credit Union

3900 Crown Road, Atlanta, GA 30380  
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# ACCOUNT APPLICATION

**New Members: A minimum deposit of \$25 to a Primary Savings Account is required to establish membership. Please attach your check or money order and mail it along with this application.**

Choose one of the membership boxes below and select the account(s)/product(s) you wish to open. A VISA Check Card, ATM Card, KeyTeller Audio Response service and Internet Branch online service will allow a joint owner(s) transfer capability on all accounts. For a new membership, joint owner(s) equally own all funds with right of survivorship on ALL accounts.

<b>Regular Membership</b> <input type="checkbox"/> Primary Savings \$25 min.	<input type="checkbox"/> Member Benefits Checking \$25 min.	<input type="checkbox"/> Holiday Club \$1 min.	<input type="checkbox"/> Secondary Savings \$1 min. Customized Account Name: _____
	<input type="checkbox"/> Member Advantage Checking \$25 min.	<input type="checkbox"/> Vacation Club \$1 min.	
	<input type="checkbox"/> VISA® Check Card (Checking Account Required)	<input type="checkbox"/> Education Club \$1 min.	
		<input type="checkbox"/> ATM Card	<input type="checkbox"/> Other: _____
		<input type="checkbox"/> Certificate	

<b>Revocable Living Trust</b> <input type="checkbox"/> Primary Savings \$25 min.	<input type="checkbox"/> Member Advantage Checking \$25 min.	<input type="checkbox"/> Holiday Club \$1 min.	<input type="checkbox"/> Secondary Savings \$1 min. Customized Account Name: _____
	<input type="checkbox"/> VISA® Check Card (Checking Account Required)	<input type="checkbox"/> Vacation Club \$1 min.	
		<input type="checkbox"/> Education Club \$1 min.	
		<input type="checkbox"/> ATM Card	
		<input type="checkbox"/> Certificate	

<b>Uniform Gifts to Minors (UGMA)/UTTMA</b> <input type="checkbox"/> Primary Savings \$25 min.	<input type="checkbox"/> ATM Card
	<input type="checkbox"/> Certificate

<b>Estate</b> <input type="checkbox"/> Primary Savings \$25 min.	<input type="checkbox"/> Member Advantage Checking \$25 min.
<input type="checkbox"/> Certificate	

Date: \_\_\_\_\_

Member Number: \_\_\_\_\_

PRIMARY ACCOUNT OWNER				
Last Name	First Name	Middle Initial		
Physical Street Address	City	State	Zip	
Mailing Address	City	State	Zip	
Social Security/Taxpayer I.D. Number	Date of Birth	Mother's Maiden Name		
Home Phone _____	E-mail Address _____			
Work Phone _____				
Mobile Phone _____				
Driver's License Number	State Issued	Expiration Date		
Employer	Occupation/Title	No. Years Employed		
How are you eligible to join? (List referring member or employer)			Relationship/Position	

<b>Choose One:</b>	<input type="checkbox"/> Joint Account Owner	<input type="checkbox"/> POD/Beneficiary	
	<input type="checkbox"/> Custodian/Trustee	<input type="checkbox"/> Executor	
Last Name	First Name	Middle Initial	
Physical Street Address	City	State	Zip
Mailing Address	City	State	Zip
Social Security/Taxpayer I.D. Number	Date of Birth	Mother's Maiden Name	
Home Phone _____	E-mail Address _____		
Work Phone _____			
Mobile Phone _____			
Driver's License Number	State Issued	Expiration Date	
Employer	Occupation/Title	No. Years Employed	

(over)

Choose One:		<input type="checkbox"/> Joint Account Owner	<input type="checkbox"/> POD/Beneficiary
		<input type="checkbox"/> Trustee	<input type="checkbox"/> Executor
Last Name	First Name	Middle Initial	
Physical Street Address	City	State	Zip
Mailing Address	City	State	Zip
Social Security/Taxpayer I.D. Number	Date of Birth	Mother's Maiden Name	
Home Phone _____	E-mail Address _____		
Work Phone _____			
Mobile Phone _____			
Driver's License Number	State Issued	Expiration Date	
Employer	Occupation/Title	No. Years Employed	

### Taxpayer Identification Number Certification and Backup Withholding Information

Under penalties of perjury, 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), and
- (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. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: 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)
- (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

### Signatures

By signing this application you 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, you agree 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. You acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. You agree: (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 you or reviewing or collecting a credit account of yours; (b) the Credit Union can tell others about its credit experience with you and obtain information from others about your credit history and performance. If the account is opened by mail, the Credit Union will forward all account disclosures to you within 10 business days in accordance with established policy. Your signature acknowledges acceptance of this policy. **The Internal Revenue Service does not require consent to any provision of this document other than certifications required to avoid backup withholding.**

Primary Account Owner Signature	Date
Joint/Custodian/Trustee/Executor Account Owner Signature	Date
Joint/Trustee/Executor Account Owner Signature	Date

For Credit Union Use Only			
Credit Score:	Primary _____	Joint 1 _____	Joint 2 _____
Deluxe Detect Remarks: _____			
OFAC Verified By: _____			
Account Updated By: _____		Teller Number: _____	Date: _____