



CREDIT UNION

3900 Crown Road, Atlanta, GA 30380
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info@apcu.com

ACCOUNT APPLICATION

New Members: A minimum deposit of \$1 to a Primary Savings (Share) Account is required to establish membership. This Primary Savings (Share) Account is funded by APCU / Center Parc. The minimum deposit for all other accounts must be funded by the member.

Choose one of the membership boxes below and select the account(s)/product(s) you wish to open.

Trust

Primary Savings \$1 min.
Order Visa® Debit Card
Money Market \$2,500 min.
Secondary Savings \$1 min.
Renewal Checking \$1 min.
Order Visa® Debit Card

Kasasa Cash® Checking \$1 min.
Order Visa® Debit Card
Kasasa Cash Back® Checking \$1 min.
Order Visa® Debit Card
Kasasa Saver® with Kasasa Cash®
Checking \$1 min.
Order Visa® Debit Card
Kasasa Saver® with Kasasa Cash Back®
Checking \$1 min.
Order Visa® Debit Card

Holiday Club \$1 min.
Vacation Club \$1 min.
Education Club \$1 min.
Certificate

Customized Account Name
(Secondary Savings Only):

Estate

Primary Savings
\$1 min.

Kasasa Cash Checking
\$1 min.

Date _____

Member Number _____

REVOCABLE/IRREVOCABLE LIVING TRUST OR ESTATE NAME

Trust or Estate Name

Physical Street Address

City

State

Zip

Mailing Address

City

State

Zip

Social Security/Taxpayer I.D. Number

How are you eligible for Credit Union membership?

ADDITIONAL PARTIES

(Optional)

Executor/Administrator
Trustee

Last Name

First Name

Middle Name

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 _____

Work Phone _____

Mobile Phone _____

E-mail Address

Driver's License Number

State Issued

Date Issued

Expiration Date

Employer

Occupation/Title

No. Years Employed

How are you eligible for Credit Union membership?

ADDITIONAL PARTIES (Optional)		Executor/Administrator Trustee	
Last Name	First Name	Middle Name	
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	Date Issued	Expiration Date
Employer	Occupation/Title		No. Years Employed
How are you eligible for Credit Union membership?			

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 APCU/Center Parc 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 APCU/Center Parc makes from time to time. You acknowledge receipt of a copy of the Agreement and Disclosures applicable to the account and services requested herein. You agree: (a) APCU/Center Parc can use credit reporting agencies or otherwise verify the information, including but not limited to employment and income 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) APCU/Center Parc can tell others about its credit experience with you and obtain information from others about your credit history and performance. (c) you authorize your wireless operator to disclose to us your account number, subscriber, device and billing information if available, to support verification of your identity. Where applicable, this information may also be shared by us with other companies to support your transactions and for fraud avoidance purposes. You can find more detail about how we use your data in our Privacy Policy. If the account is opened by mail, APCU/Center Parc 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.**

Executor/Administrator/Trustee Account Owner Signature	Date
Executor/Administrator/Trustee Account Owner Signature	Date

USA PATRIOT ACT NOTICE

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN ACCOUNT

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 may also ask to see your driver's license or other identifying documents.

ESTATE ACCOUNT ADDENDUM

This addendum is being provided in connection with your application for an Estate Account (the Account) with Atlanta Postal Credit Union and Center Parc (APCU/Center Parc). This addendum is intended to supplement those provisions and mutual obligations provided in the Membership and Account Agreement. Where provisions of this addendum conflict to those in the Membership and Account Agreement, this addendum shall govern. Otherwise you acknowledge and agree to all other terms, covenants, and obligations contained in the Membership and Account Agreement and all other agreements executed between you and APCU/Center Parc:

In consideration for APCU/Center Parc opening the Account and for other good and valuable consideration, the adequacy and sufficiency of which are hereby acknowledged, you make the following warranties, covenants, and promises:

You have been duly appointed by a court of competent jurisdiction as the representative of the estate for which you are opening this account;

You have complied with all requirements under applicable law and with all court orders including but not limited to those requiring sufficient bonding and/or insurance pertaining to your appointment as the representative of the estate; and

All documents you provided in connection with applying to open the Account were genuine and authentic, remain enforceable and have not been superseded by subsequent orders or agreements.

Further, you agree and understand that APCU/Center Parc will neither issue a debit card nor accept cash transactions in connection with this account. All transactions must be performed with a negotiable instrument or through a wire transaction and will be subject to those rules and regulations applicable to such mediums of transaction, as provided in the Membership and Account Agreement and any other agreements pertaining to the Account.

You agree and warrant that, should you be removed as the administrator of the estate by a court of competent jurisdiction, either voluntarily or by compulsion, or should your authority as a representative of the estate be diminished in any capacity, you shall notify APCU/Center Parc of such changes within forty-eight (48) hours of such an event.

You agree to hold APCU/Center Parc harmless and to indemnify APCU/Center Parc from and against all claims and damages, including but not limited to compensatory, special, consequential, and punitive damages or causes of action of any nature or kind whatsoever, including paying to APCU/Center Parc all reasonable attorneys' fees and costs of litigation, incurred or suffered by APCU/Center Parc, which directly or indirectly result from a claim, demand, lawsuit or other legal or equitable proceeding brought or raised by any party concerning or in any way related to the use, existence, or administration of the Account.

Dated this _____ day of _____, 20____,

APPLICANT: _____

Business/Organization Account Questionnaire

Organization Name: _____

Account Number: _____

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

1. What is the business structure of your organization? _____
2. Is your business headquartered in the US?
 - ☐ Yes ☐ No
 - If not, what country is your business headquartered? _____
3. In what state is your business registered? _____
4. What is the nature of your business? _____
5. Which of the following will your account be used for?
 - ☐ General Operating Funds ☐ Interest on Lawyer Trust Accounts/Interest on Lawyer accounts
 - ☐ Payroll ☐ Lottery
 - ☐ Savings ☐ Money Service Business Activity
 - ☐ Credit Card Processing ☐ Other: _____
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
 - 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 deposit and/or write checks?
 - ☐ Yes ☐ No
 - If yes, what is the monthly total you expect to deposit? _____
 - If yes, what is the monthly total you expect to withdraw? _____
 - If yes, will you be depositing checks remotely using mobile deposit capture?
☐ Yes ☐ No
9. Will you send and/or receive electronic (I.E.: ACH, Direct Deposit, Social Security, etc.) transactions?
 - ☐ Yes ☐ No
 - If yes, what is the expected monthly total of electronic transactions that you expect to receive?

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

 - Will these electronic transactions be sent to or received from non-US locations? Yes No
 - If yes, to/from which countries do you expect to send/receive electronic transactions?

10. Does any portion of business income come from Internet gambling?
 - ☐ Yes ☐ No
11. Is this a marijuana-related business?
 - ☐ Yes ☐ No
12. Do you act as an intermediary between your clients and the bank, performing services or arranging for services to be performed on your client's behalf?
 - ☐ Yes ☐ No

Organization Name: _____

Account Number: _____

13. Is the organization an embassy, foreign consulate, or foreign mission?

☐ Yes ☐ No

14. Does your business involve any of the following?

☐ Casinos, card clubs, or gambling establishments (with annual revenues greater than one million dollars)
☐ Securities, futures commissions, or commodity trading
☐ Precious metals, stones or jewels
☐ Vehicle sales (automobiles, airplanes, boats)
☐ Federal, state or local government agency carrying out a duty or power of a business described above.☐ Insurance
☐ Loan/Finance
☐ Credit cards system operation
☐ Pawn brokerage
☐ Travel agency
☐ Telegraph company
☐ Real estate closing and settlement
☐ US Postal Service
☐ None of the above

15. Does your business involve any of the following?

☐ Foreign currency exchange in amounts greater than \$1,000 for any one person in any one day
☐ Cash checks in amounts greater than \$1,000 for any one person in any one day
☐ Issue or sell money orders in amounts greater than \$1,000 to any one person in any one day
☐ Transmit money on your customer's behalf electronically from one location to another
☐ Administer or exchange virtual currency
☐ Non-network-branded card sales that exceed \$2,000 maximum value per device on any given day
☐ Network-branded card sales that exceed \$1,000 maximum value per device on any given day
☐ None of the above

16. Do you depend, in whole or in part, on charitable donations and voluntary service for support?

☐ Yes ☐ No

17. Does your company offer courier or armored car services to ship currency on your customer's behalf?

☐ Yes ☐ No

18. Will you be processing transactions that benefit a third-party?

☐ Yes ☐ No

19. Do you own, operate, or replenish an ATM?

☐ Yes ☐ No