

**MEMBERSHIP APPLICATION FOR CUSTODIAN'S ACCOUNT UNDER
PENNSYLVANIA UNIFORM TRANSFERS TO MINORS ACT**



ACCOUNT NUMBER

Important Information: 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 will also ask to see your driver's license or other identifying documents. By submitting this application, you authorize the Credit Union to obtain information necessary to verify your identity. This may include information obtained from consumer reporting agencies, public databases, or other sources. If the Credit Union is unable to verify information you provide, an account will not be opened.

MINOR

MINOR'S NAME (FIRST, MIDDLE OR INITIAL, LAST)	BIRTH DATE		
SOCIAL SECURITY NUMBER OR TAXPAYER ID NUMBER	GENDER		
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE
Minor is a member of the immediate family of a qualifying¹ Air Products or Versum Materials employee.² Minor is a member of the immediate family of an APCI FCU member.² ¹ Employees of Air Products or Versum Materials who work in, are paid from, or supervised from Allentown, Pennsylvania. ² Membership pending sponsor verification.			
MINOR'S RELATIONSHIP TO EMPLOYEE / MEMBER	EMPLOYEE / MEMBER NAME		

CUSTODIAN

CUSTODIAN'S NAME (FIRST, MIDDLE OR INITIAL, LAST)	BIRTH DATE	SOCIAL SECURITY OR TAXPAYER ID NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
E-MAIL ADDRESS	PRIMARY PHONE NUMBER	STATE / DRIVER'S LICENSE NUMBER	
EMPLOYER / OCCUPATION	WORK PHONE NUMBER		

In the event of my resignation, death or legal incapacity, I designate the following as successor custodian, such appointment to take effect upon the occurrence of such event. Or,

I decline to designate a successor custodian. _____
Signature of Custodian

DESIGNATION OF SUCCESSOR CUSTODIAN (IF APPLICABLE)

SUCCESSOR CUSTODIAN (FIRST, MIDDLE OR INITIAL, LAST)	BIRTH DATE	SOCIAL SECURITY OR TAXPAYER ID NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
PRIMARY PHONE NUMBER			

The above referenced minor is hereby applying for membership in the APCI Federal Credit Union and agrees to conform to its bylaws and amendments thereof, copies of which are available to me upon request. I also certify and agree by my signature below, that the number listed on this membership card is the correct Social Security/Taxpayer Identification Number and:

Minor is **not** subject to backup withholding. Minor is subject to backup withholding as a result of failure to report all interest or dividends to the Internal Revenue Service.

CUSTODIAN'S SIGNATURE	DATE
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CUSTODIAN ACKNOWLEDGEMENT

I, the undersigned, here with make application for the establishment of a Custodian’s account in the name of

_____ as Custodian for _____
Name of Custodian Name of Minor

who is _____ years of age, under the Pennsylvania Uniform Transfers to Minors Act, and I request that evidence thereof be issued, described asforesaid.

The terms of this contract are deemed hereby to include the provisions of said statute as it is now or hereafter may be amended.

I hereby acknowledge receipt of this account in my Name as Custodian for said minor under the Pennsylvania Uniform Transfers to Minors Act and I understand and agree that I am bound thereby. The Credit Union is authorized to supply any endorsement for me on any check or other instrument tendered for this account and is hereby relieved of any liability in connection with the collection of such items which are handled by it and shall not be liable for the acts of its agents, subagents or others, or for any casualty.

Signature _____ Date _____
Custodian

ACKNOWLEDGEMENT

STATE/Commonwealth of _____

County of _____

On this, the _____ day of _____, 20____, before me _____, the undersigned officer, personally appeared _____ and _____ and _____ known

to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

SEAL

Notary Public

Date

NOTE TO NOTARY: Please make sure all information is completely filled in, including all the names notarized. If there is missing information, document will be returned. Thank you.

IMPORTANT INFORMATION - PLEASE READ

Thank you for your interest in joining APCI Federal Credit Union. Please review the following information to expedite your membership:

- ✓ Minor and custodian names must be legal names as they appear on Social Security Card/Driver’s License/Passport.
 - ✓ Signature of custodian must be witnessed by an APCI FCU employee, notarized or witnessed by an Air Products Supervisor. Existing member, joint owner or custodian signatures do not have to be notarized or witnessed.
 - ✓ Custodian has enclosed a clear copy of unexpired Driver’s License or Passport.
 - ✓ Accounts must be opened with a minimum of \$5.00.
- Please contact Member Services at 800-821-5104 if you have any questions.

CREDIT UNION USE ONLY