

INFORMAL TRUST ACCOUNT APPLICATION



ACCOUNT NUMBER

GRANTOR/TRUSTEE NAME (FIRST, MIDDLE OR INITIAL, LAST)			MOTHER'S MAIDEN NAME
SOCIAL SECURITY OR TAXPAYER ID NUMBER			GENDER
PHYSICAL ADDRESS	CITY	STATE / ZIP CODE	BIRTH DATE
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE / ZIP CODE	PRIMARY PHONE NUMBER
ALTERNATE PHONE NUMBER		EMAIL ADDRESS	
EMPLOYER / OCCUPATION		WORK PHONE NUMBER	WORK PHONE EXTENSION
<input type="checkbox"/> Grantor / trustee is a qualifying¹ Air Products or Versum Materials employee . Employee Number _____ <input type="checkbox"/> Grantor / trustee is a member of the immediate family of a qualifying¹ Air Products or Versum Materials employee.² <input type="checkbox"/> Grantor / trustee is a member of the immediate family of an APCI FCU member.²			
<small>¹Employees of Air Products or Versum Materials who work in, are paid from, or supervised from Allentown, Pennsylvania. ²Membership pending sponsor verification.</small>			
GRANTOR / TRUSTEE'S RELATIONSHIP TO EMPLOYEE / MEMBER		EMPLOYEE / MEMBER NAME	

I hereby apply for membership in the APCI Federal Credit Union and agree 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 my correct Social Security/Taxpayer Identification Number and:

- I am a U.S. Citizen
 I am a Resident Alien
 I am a Non-Resident Alien
 I am **not** subject to backup withholding.
 I am subject to backup withholding as a result of failure to report all interest or dividends to the Internal Revenue Service.

GRANTOR / TRUSTEE SIGNATURE	DATE
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INFORMAL TRUST ACCOUNT AGREEMENT (NOT TRANSFERABLE)

APCI Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. The term account or accounts as used in this part applies to all shares (excluding IRA) under this account number. The grantor/trustees of this account, here-by agree with each other and with said Credit Union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said grantor/trustees to their credit as such grantor/trustees with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said Credit Union from any liability for such payment. Upon the death of all grantor/trustees, ownership passes to the surviving beneficiary. If there are two surviving primary beneficiaries, they own the funds with rights of survivorship. If a beneficiary does not survive the trustee(s), the funds are payable to the last surviving trustee's estate. The grantor/trustees also agree to the terms and conditions of the account as established by the Credit Union from time to time.

The shares in this account may not be pledged as collateral or security to any type of loan or loans from this Credit Union. The right or authority of the Credit Union under this agreement shall not be changed or terminated by said grantor/trustees, or any of them except by written notice to said Credit Union which shall not affect transactions therefore made.

ADDITIONAL GRANTOR/TRUSTEE INFORMATION

GRANTOR / TRUSTEE NAME (FIRST, MIDDLE OR INITIAL, LAST)		SOCIAL SECURITY OR TAXPAYER ID NUMBER	
ADDRESS			
CITY	STATE / ZIP CODE	BIRTH DATE	
EMPLOYER	WORK PHONE NUMBER	PRIMARY PHONE NUMBER	
SIGNATURE / DATE		E-MAIL ADDRESS	

GRANTOR / TRUSTEE NAME (FIRST, MIDDLE OR INITIAL, LAST)		SOCIAL SECURITY OR TAXPAYER ID NUMBER	
ADDRESS			
CITY	STATE / ZIP CODE	BIRTH DATE	
EMPLOYER	WORK PHONE NUMBER	PRIMARY PHONE NUMBER	
SIGNATURE / DATE		E-MAIL ADDRESS	

BENEFICIARY INFORMATION

BENEFICIARY NAME (FIRST, MIDDLE OR INITIAL, LAST)	BIRTH DATE	SOCIAL SECURITY OR TAXPAYER ID NUMBER
ADDRESS	CITY	STATE / ZIP CODE
PRIMARY PHONE NUMBER	E-MAIL ADDRESS	

BENEFICIARY NAME (FIRST, MIDDLE OR INITIAL, LAST)	BIRTH DATE	SOCIAL SECURITY OR TAXPAYER ID NUMBER
ADDRESS	CITY	STATE / ZIP CODE
PRIMARY PHONE NUMBER	E-MAIL ADDRESS	

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 processing:

- ✓ I/we have enclosed clear copies of unexpired Driver’s License or Passport for all Grantors/Trustees.
- ✓ Grantor/Trustee names must be legal names as they appear on Driver’s License/Passport.
- ✓ Signatures must be witnessed by an APCI Federal Credit Union employee or notarized.
If a current signature is on file, existing member signatures do not have to be notarized or witnessed.
- ✓ I/we have enclosed a \$5.00 minimum membership deposit (check or money order) payable to APCI Federal Credit Union.

Please contact Member Services at 800-821-5104 if you have any questions.

CREDIT UNION USE ONLY