American Airlines Federal Credit Union
Member Application | Account Modification

American Airlines Credit Union

Please complete and submit this application to any American Airlines Credit Union branch location. Or, mail the application to the address below. New members should return this application with initial minimum deposit of $6.00 (includes the one-time $1.00 membership fee) in the form of a check or money order (please do not mail cash). For more information, please visit AACreditUnion.org or call (800) 533-0035.

FOR OFFICE USE ONLY

Account # _____ Share ID _____

PRIMARY Owner Information

◯ New Member ◯ Account Modification

Existing Account Number: _____

First Name: _____ Middle: _____

Last Name: _____ ◯ Female ◯ Male

Physical Street Address: _____
(No P.O. Boxes)

City: _____ State: _____ ZIP: _____ Country: _____

◯ Rent ◯ Own Number of years: _____

Mailing Address: _____
(if different from physical street address)

City: _____ State: _____ ZIP: _____ Country: _____

Date of Birth: ____/____/____ SS #/ITIN: _____

Government-Issued ID/Driver's License #: _____

Issuing State/Country: _____

Issue Date: _____ Expiration Date: _____

◯ Driver's License ◯ State ID ◯ Passport ◯ Resident Alien Card

Citizenship (select one):

◯ U.S. Citizen
◯ Permanent Resident
◯ Non-permanent Resident (requires W-8 BEN and ITIN)

Home Phone: (_____)_____ Work Phone: (_____)_____

Cellphone: (_____)_____

Which is your primary phone number?: ◯ Home ◯ Work ◯ Cellphone

Email Address: _____

Mother's Maiden Name: _____

Primary Owner Eligibility Information

I am eligible to join American Airlines Credit Union in one of the following ways:

1. I am ◯ an employee ◯ a retiree of American Airlines Group

   Employee Number: _____

   ◯ American Airlines ◯ Envoy ◯ Piedmont ◯ PSA Airlines

2. I am ◯ an employee ◯ a retiree of the Air Transportation Industry

   Employee Number: _____

3. ◯ I am a family or permanent household member of a current American Airlines Credit Union member. Please indicate relationship to sponsor member:

   ◯ Spouse ◯ Child ◯ Grandchild ◯ Sibling ◯ Parent ◯ Grandparent ◯ Permanent Household Member

Sponsor Member's Name: _____

Sponsor Member's Account Number: _____

Note: Applicant must provide Sponsor Member's Account number and name.

Employer Information (of Primary Owner)

Employer: _____

Occupation/Job Title: _____

Gross Income: _____ Years Employed: _____

How did you hear about us? _____

Promo Code: _____

JOINT Owner Information

◯ Add Joint Owner ◯ Remove Joint Owner

(Joint owner must be within American Airlines Credit Union field of membership and must sign the application.)

Existing Account Number: _____

First Name: _____ Middle _____

Last Name: _____ ◯ Female ◯ Male

Physical Street Address: _____
(No P.O. Boxes)

City: _____ State: _____ ZIP: _____ Country: _____

◯ Rent ◯ Own Number of Years: _____

Mailing Address: _____
(if different from physical street address)

City: _____ State: _____ ZIP: _____ Country: _____

Date of Birth: ____/____/____ SS #/ITIN _____

Government-Issued ID/Driver's License #: _____

Issuing State/Country: _____

Issue Date: _____ Expiration Date: _____

◯ Driver's License ◯ State ID ◯ Passport ◯ Resident Alien Card

Citizenship (select one):

◯ U.S Citizen
◯ Permanent Resident
◯ Non-permanent Resident (requires W-8 BEN and ITIN)

Home Phone: (_____)_____ Work Phone: (_____)_____

Cellphone: (_____)_____

Which is your primary phone number?: ◯ Home ◯ Work ◯ Cellphone

Email Address: _____

Mother's Maiden Name: _____

Relationship to Primary Account Owner _____

Employer Information (of Joint Owner)

Employer: _____

Occupation/Job Title: _____

Gross Income: _____ Years Employed: _____

Joint on: ◯ Share/Savings ◯ Checking

Share ID: _____ Share ID: _____

Share ID: _____ Share ID: _____

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Primary Share/Savings Deposit – Required for Membership ◯ Add ◯ Modify

_____ Funds deposited: $6.00 minimum (includes one-time $1.00 membership fee)

◯ Single Account ◯ Joint Account

Additional Share/Savings ◯ Add ◯ Modify ◯ Remove

_____ Funds deposited Share ID: _____

◯ Single Account ◯ Joint Account

Checking ◯ Add ◯ Modify ◯ Remove

_____ Funds deposited

◯ Priority Checking ◯ Single Account ◯ Joint Account Share ID: _____

◯ Flagship Checking ◯ Single Account ◯ Joint Account Share ID: _____

◯ uChecking (ages 13-25) ◯ Joint Account (ages 13-18 require joint) Share ID: _____

To fund above accounts:

◯ Cash/Check

◯ Transfer from American Airlines Credit Union Account: _____

◯ Transfer funds from other financial institution:

Account Type: _____ Name on Account: _____

Account Number: _____ Bank Routing #: _____

Bank Name: _____ Bank State: _____

Visa® Debit Card ◯ Add ◯ Modify ◯ Remove

A checking account is required and cardholder(s) must be on the account. Visa Debit Card will access checking and primary share. If opening a share savings account only, an ATM card will be provided.

◯ Primary Owner ◯ Joint ◯ Both

Overdraft Protection ◯ Add ◯ Modify ◯ Remove

◯ I would like to open an Overdraft Protection Loan.*
In case of overdraft, transfer funds from these accounts. With No. 1 being my Overdraft Protection Loan, No. 2 my second choice, etc.

1 Overdraft Protection Loan

◯ Primary Share/Savings (Please see Truth-In-Savings Rate & Fee Schedule for applicable fees.)

◯ Other Jointly Owned Share/Savings Account #: _____

Share ID: _____

* Limits up to $2,000. Must qualify. See Membership and Account Agreement booklet and LoanLiner Addendum for more information regarding the Overdraft Protection Loan.

Payroll Deduction

Note: Payroll Deduction is only available for American Airlines employees who access their pay stubs on ePays or are employed by Worldwide Flight Services.

◯ I view my paystub in Jetnet using ePays and my "PA" code (payroll group) is _____

◯ I work for Worldwide Flight Services and my "PA" code payroll group) is _____

I would like a **total payroll deduction** in the amount of $_____ per pay period,to be distributed as follows:

◯ to Share/Savings Account #: _____ Share ID: _____
Amount: $ _____

◯ to Checking Account #: _____ Share ID: _____
Amount: $ _____

(The distribution amounts should total the payroll deduction amount.)

Beneficiary for Payable on Death (P.O.D.)

P.O.D. ACCOUNT AGREEMENT:I/We agree with the Credit Union that the person(s) named below is/are designated (a) P.O.D. payee(s). Upon my death (the death of the last survivor of us), all such funds shall be owned and payments shall be made at the request of any surviving P.O.D. payee(s). Additional P.O.D. payee(s) can be designated and attached to the document.

By not designating a specific account for the names listed below, the names will be used for all your credit union accounts except for IRAs and Trust Accounts. If the total percentage does not equal 100%, the percentage will be adjusted pro-rata to 100%. If no percentage is selected and more than one P.O.D. payee is indicated, beneficiaries will share equally. This form is incorporated as a part of your Account Agreement with American Airlines Federal Credit Union. Your P.O.D. may not be an owner of the account

Beneficiary for Payable on Death (P.O.D.) cont'd.

◯ Add ◯ Modify ◯ Remove

1 ◯ Primary Share ◯ Additional Share ◯ Checking ◯ All Share ID: _____

P.O.D. Payee's Full Name: _____

◯ Individual ◯ Non-Individual

Date of Birth: ____/____/____ SS #/ITIN: _____

Physical Street Address: _____
(No P.O. Boxes)

City: _____ State: _____ ZIP: _____ Country: _____

Relationship to Primary Owner: _____ Percentage: _____

◯ Add ◯ Modify ◯ Remove

2 ◯ Primary Share ◯ Additional Share ◯ Checking ◯ All Share ID: _____

P.O.D. Payee's Full Name: _____

◯ Individual ◯ Non-Individual

Date of Birth: ____/____/____ SS #/ITIN: _____

Physical Street Address: _____
(No P.O. Boxes)

City: _____ State: _____ ZIP: _____ Country: _____

Relationship to Primary Owner: _____ Percentage: _____

Attach additional sheet if adding more than two P.O.D. beneficiaries.

TIN 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 to me); 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 (as defined in IRS form W-9 instructions); and (4) I am exempt from FATCA reporting. Certification instructions: You must 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. If you are not a U.S. person, cross out item 3 and contact the credit union for instructions (a W-8 BEN form will need to be completed).

Signature

By our signatures below as account owner and joint account owner (if applicable), we agree that all funds deposited into the account opened, including any earnings thereon, shall be owned by us jointly with right of survivorship. On the death of one party to the joint account, all sums in the account on the date of the death vest in and belong to the surviving party or parties as his or her separate property and estate.

By my signature below, I acknowledge receipt of your Membership and Account Agreement booklet and have read all appropriate Disclosure Statements and Agreements. I agree to be bound by the terms and conditions set forth in your Account Agreement: I agree to conform to the Credit Union's Rules, Regulations, Bylaws and Policies now in effect and as amended or adopted hereafter; and I agree to pay any charges or fees which may be required or assessed under such Rules, Regulations, Bylaws and Policies.

By applying for membership in the American Airlines Federal Credit Union, I authorize the Credit Union to obtain and use credit reports and verify my employment history in connection with this account application and for the purpose of considering me for additional financial products and services both now and in the future. I also agree to subscribe for at least one share.

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

PRIMARY Owner

Signature: _____ Date: _____

JOINT Owner For joint account(s), ensure joint information is completed.

Signature: _____ Date: _____

PRIMARY AND JOINT OWNERS MUST SIGN. MISSING INFORMATION MAY DELAY PROCESSING.

The Credit Union reserves the right to refuse the form if verbiage has been altered.
Visa is a registered trademark of Visa International Service Association.
Federally insured by NCUA.
American Airlines Credit Union and the Flight Symbol are marks of American Airlines, Inc.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW 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.