



Account Number

New Account Account Revision

Deposit of \$25 & copy of ID required for account opening

Reason for revision: _____

Account Owner Information

Name _____
Street Address _____
City,State,Zip _____
Home Phone _____ Cell Phone _____
Work Phone _____
Social Security # _____ Date of Birth _____
Driver's License/ID # _____
Employer & Occupation _____
Mother's Maiden Name _____
Security Question _____
Answer _____
Email _____

Joint Account Owner Information (if applicable)

(All accounts owned jointly are owned with right of survivorship.)
Name _____
Street Address _____
City,State,Zip _____
Home Phone _____ Cell Phone _____
Work Phone _____
Social Security # _____ Date of Birth _____
Driver's License/ID # _____
Employer & Occupation _____
Mother's Maiden Name _____
Email _____

Account Type

Share/Savings Acct. Trust – Dated: _____
 Share Draft/Checking Acct. Trust Name: _____
 Other _____

Additional Joint Account Owner Information (if applicable)

(All accounts owned jointly are owned with right of survivorship.)
Name _____
Street Address _____
City,State,Zip _____
Home Phone _____ Cell Phone _____
Work Phone _____
Social Security # _____ Date of Birth _____
Driver's License/ID # _____
Employer & Occupation _____
Mother's Maiden Name _____
Email _____

Membership Eligibility

School Affiliation _____
Please Indicate: Employee Student Alumni
 Relative of Member _____
Relative's name _____ Relationship _____
 Lives within AAEC's community charter boundaries. See page 2.
 Works within AAEC's community charter boundaries. See page 2.

Employer's address _____

Beneficiaries – Payable on deaths of all account owners

Beneficiary Name _____ Relationship _____ SS# _____
Address _____ Phone _____
Beneficiary Name _____ Relationship _____ SS# _____
Address _____ Phone _____
Beneficiary Name _____ Relationship _____ SS# _____
Address _____ Phone _____

Signature(s) Required on Page 2

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To protect your identity and 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 information that will allow us to identify you. We will also ask for other identifying documents for your life, such as your driver's license.

PROXY

The member does hereby constitute and appoint the members of the Board of Directors of this Credit Union, who are qualified and acting directors at the time this proxy is used, as proxies to cast all votes to which the member is entitled, for the election of the directors, mergers and any matter with regard to which credit union shareholders are entitled to vote by proxy, as the said directors or a majority of them see fit, at all annual or special meetings of the members of said credit union hereafter held and any adjournment thereof, from time to time and year to year, until and unless this proxy is cancelled by the member. The member further authorizes the said proxies to designate a person or committee to cast the vote or votes of the member in such manner and for such candidates as the said proxy shall determine, hereby ratifying whatever the said proxies may do in the premises.

TIN CERTIFICATION AND BACKUP WITHHOLDING

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, (1) that the number shown on this form is my correct taxpayer identification number, (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result or failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien.) **I AM SUBJECT TO BACKUP WITHHOLDING (check only if applicable)**

AGREEMENT AND AUTHORIZATION

I/We agree to terms and conditions of the Credit Union's membership booklet (s), Truth-In-Savings Rates and Disclosures, Fee Schedule(s), Funds Availability Policy and Disclosure, Privacy Disclosure, etc. and to any amendment(s) the Credit Union may, from time to time, incorporate herein. I/We acknowledge receipt of a copy of the said agreement(s) and disclosures applicable to the accounts and services for which I/We have applied. The said agreements and disclosures, as amended, constitute the entire agreement between the parties. All prior collateral representations, promises and conditions in connection with the subject matter are merged herein. Any representation, promise, or condition not incorporated therein is unenforceable. No delay in enforcement of our rights under this Agreement will result in any loss of our rights or relieve you of your obligations. If any provision of this Agreement is deemed invalid the rest of this Agreement will remain in full force and effect. If I/We make application for a Credit Union's access card or other EFT service, I/We agree to the terms of and acknowledge receipt of the corresponding agreement(s) and disclosure(s). I/We authorize the Credit Union to (i) obtain a credit report and confirm the accuracy of any and all information and documentation contained in my/our application and in other documents required in connection with this request for an account, and (ii) obtain a credit report in the future at any time the Credit Union deems it necessary or useful in maintaining the account and/or providing services to me/us.

X _____
Primary Account Owner Signature Date

X _____
Joint Account Owner Signature Date

X _____
Additional Joint Account Owner Signature Date

AAEC'S COMMUNITY CHARTER BOUNDARIES

The Illinois/Wisconsin border on the north, to US 90/US 39 on the west, to US 80 then US 294 on the south, to US 294 to IL 19 (Irving Park Rd) then Lake Michigan on the east.

For Credit Union Use Only:

Verified community eligibility Copy of DL/ID OFAC E-statement RDC Direct Dep. Credit Report Online Banking/App ChexSystems

Approved by _____ Date _____

Membership Committee Approval _____
Signature Date