American Heritage FEDERAL CREDIT UNION

2060 Red Lion Road
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LOANLINER®

Member Services Request

☐ NEW ☐ UPDATE DATE: _____ **MEMBER NO:** _____

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 when opening a new 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.

MEMBERSHIP

Eligibility: ☐ Employee of AHFCU & Subsidiaries ☐ Employee of a Sponsor Group: _____
☐ Family ☐ Kids-N-Hope I ☐ Live ☐ Work ☐ Worship ☐ Go to School in Philadelphia ☐ Development Zone

Where did you learn about us: ☐ AHFCU Employee ☐ Friend ☐ Internet ☐ Newspaper Ad ☐ Promotional Mailer
☐ Radio Ad ☐ TV Ad ☐ My Employer ☐ Family Member ☐ Auto/RV Dealer

MEMBER/OWNER INFORMATION

☐ Update ☐ Name Change ☐ Address Change ☐ Close (Reason) _____

Member/Owner Name:	SSN/TIN:
Mailing Address:	ID Type:
City/State/Zip:	ID Number:
Physical Address:	ID Issuing State: ID Issuing Date:
City/State/Zip:	ID Exp. Date: Date of Birth:
Home Phone:	eMail:
Cell Phone:	Mother's Maiden Name:
Work Phone:	Length of Time At Residence:
Employer:	Occupation/Title:
Length of Employment:	Citizenship:

Preferred Contact Method: ☐ Home ☐ Cell ☐ Work ☐ eMail Preferred Contact Time: ☐ Morning ☐ Afternoon ☐ Evening

The IRS-required certifications set forth in the "TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION" section apply to the member/owner listed above.

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested. ☐ Update
☐ Individual ☐ Joint Account with Rights of Survivorship

JOINT OWNER/AUTHORIZED SIGNER INFORMATION

☐ Joint Owner ☐ UTMA/UGMA Custodian ☐ Other Authorized Signer (Describe): _____
See Account Authorization Card
☐ Add ☐ Update ☐ Remove

Name #1:	SSN/TIN:
Mailing Address:	ID Type:
City/State/Zip:	ID Number:
Physical Address:	ID Issuing State: ID Issuing Date:
City/State/Zip:	ID Exp. Date: Date of Birth:
Home Phone:	eMail:
Cell Phone:	Mother's Maiden Name:
Work Phone:	Length of Time At Residence:
Employer:	Occupation/Title:
Length of Employment:	Citizenship:

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JOINT OWNER/AUTHORIZED SIGNER INFORMATION (continued)

☐ Joint Owner ☐ Other Authorized Signer (Describe): _____
See Account Authorization Card
☐ Add ☐ Update ☐ Remove

Name #2: SSN/TIN:
Mailing Address: ID Type:
City/State/Zip: ID Number:
Physical Address: ID Issuing State: ID Issuing Date:
City/State/Zip: ID Exp. Date: Date of Birth:
Home Phone: eMail:
Cell Phone: Mother's Maiden Name:
Work Phone: Length of Time At Residence:
Employer: Occupation/Title:
Length of Employment: Citizenship:

☐ Joint Owner ☐ Other Authorized Signer (Describe): _____
See Account Authorization Card
☐ Add ☐ Update ☐ Remove

Name #3: SSN/TIN:
Mailing Address: ID Type:
City/State/Zip: ID Number:
Physical Address: ID Issuing State: ID Issuing Date:
City/State/Zip: ID Exp. Date: Date of Birth:
Home Phone: eMail:
Cell Phone: Mother's Maiden Name:
Work Phone: Length of Time At Residence:
Employer: Occupation/Title:
Length of Employment: Citizenship:

ACCOUNT TYPES

Share/Savings:
- ☐ Primary Share ☐ Add
- ☐ Holiday ☐ Add
- ☐ Vacation ☐ Add
- ☐ Identity Protection Savings ☐ Add

Checking:
- ☐ Totally Free Plus ☐ Add
- ☐ Platinum ☐ Add
- ☐ Cash Management ☐ Add
- ☐ Identity Protection Checking ☐ Add

IRA:
- ☐ Regular ☐ Add
- ☐ Platinum ☐ Add

Money Market:
- ☐ Regular ☐ Add
- ☐ VIP ☐ Add
- ☐ Platinum ☐ Add

Little Patriots (under 2 years of age): ☐ Add

Legacy Club: ☐ Add

The street address for the Member/Owner will appear on your personalized checks unless indicated below:
☐ Do not print address ☐ Print home phone number ☐ Print cell phone number ☐ Print business phone number

ACCOUNT SERVICES

- ☐ ATM Card ☐ Add
- ☐ Independence Check Card (debit) ☐ Add
- ☐ Online Teller ☐ Add
- ☐ Phone Teller ☐ Add
- ☐ Mobile Teller ☐ Add
- ☐ Billpayer ☐ Add
- ☐ eStatements ☐ Add
- ☐ eAlerts ☐ Add
- ☐ eDeposit ☐ Add
- ☐ ePay ☐ Add
- ☐ Payroll Deduction/Direct Deposit ☐ Add
- ☐ Overdraft Protection ☐ Add
- ☐ Other: _____ ☐ Add

ACCOUNT DESIGNATIONS (Excluding IRA Accounts)

☐ Payable on Death (POD)/Trust Account
☐ Add ☐ Update ☐ Remove

Beneficiary/POD Payee: _____
SSN/TIN: _____ Date of Birth: _____
Street: _____
City/State/Zip: _____

☐ Add ☐ Update ☐ Remove

Beneficiary/POD Payee: _____
SSN/TIN: _____ Date of Birth: _____
Street: _____
City/State/Zip: _____

UTMA DESIGNATION AND INFORMATION

☐ **UTMA/UGMA**

_____ (custodian) (as custodian for _____(minor) under the Uniform Transfers/Gifts to Minors Act.)
Minor's SSN/TIN: _____

☐ **Designation of Successor Custodian** - Pursuant to the Pennsylvania Uniform Transfers to Minors Act, I designate

_____ successor custodian for all accounts listed in the "ACCOUNT TYPE" section. This designation shall take effect only upon my death, resignation, incapacity or removal.

X	X
SIGNATURE OF CUSTODIAN DATE	WITNESS DATE

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), 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. Check the box for 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. By checking this box, this serves to strike out the language related to underreporting. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

AUTHORIZATION

By signing or otherwise authenticating, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Privacy Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed unless the credit union is notified in writing of a change. I/We agree that any updates identified herein amend the previously signed Member Services Request(s), and are subject to the terms and conditions of the applicable disclosures noted above.

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

Member/Owner Date X	Joint Owner/Authorized Signer Date X
Joint Owner/Authorized Signer Date X	Joint Owner/Authorized Signer ☐ REMOVED ONLY Date X

AHFCU Official: _____

Branch Manager: _____
(BM Signature required if closing account for more than $3,000, Primary Member/Owner must sign authorization, ID must be scanned.)

FOR CREDIT UNION USE ONLY

Date of Membership: _____ Opened/Approved By: _____ Membership Eligibility: _____

Member Verification: _____

Verification List(s) Checked: ☐ OFAC ☐ Other: _____

List Verification Completion Date: _____ By: _____

Reports Checked: ☐ Credit Report ☐ Check Verification Report ☐ Other: _____

Overdraft Protection Opt-in Completion Date: _____