MD 2100, P.O. Box 619001
DFW Airport, Texas 75261-9001
(800) 533-0035
AACreditUnion.org

For Office Use Only	Acct Number	Share ID
Branch #	Representative	Date

American Airlines Credit Union

SHARE CERTIFICATE APPLICATION

By my signature below, I acknowledge receipt of the *Account Agreement & Disclosures* booklet and have read all appropriate disclosure statements and agreements. I agree to be bound by the terms and conditions set forth in the *Account Agreement & Disclosures* booklet and will conform to American Airlines Federal Credit Union's Rules, Regulations, Bylaws and Policies now in effect and as amended or adopted hereafter and to pay any charges or fees required or assessed therein and authorized the Credit Union to obtain credit reports, if applicable, in connection with this application. With our signatures below as account owner and joint account owner, we further agree that all funds deposited into the account opened, including any earnings thereon, shall be owned by us jointly with right of survivorship.

ACCOUNT OWNER/JOINT OWNER INFORMATION

Primary Account Owner Name			Account Number
Mailing Address, City, State and ZIP			
Home Phone	Work Phone	Social Security Number	Date Of Birth
Joint Account Owner Name		Relationship	Account Number (If different)
Mailing Address, City, State and ZIP (If different)		Social Security Number	Date Of Birth

Select Certificate Type: ☐ Share Certificate ☐ IRA Certificate

Select Certificate Term:

☐ 12-Month Certificate ☐ 24-Month Certificate ☐ 30-Month Certificate

☐ 36-Month Certificate ☐ 48-Month Certificate ☐ 60-Month Certificate

Apply Initial Deposit as Follows:	**Certificate Dividend Options**	**Maturity**
$ _____ ☐ **Cash/Check** ☐ **Transfer From:** _____ - _____ Credit Union Account Number Share ID	☐ Option 1 – Add to Balance ☐ Option 2 – Deposit to Share Share ID: _____	Your Certificate will automatically renew for the same term. Thirty (30) days prior to the maturity date, a notice will be mailed, giving you additional options for renewal or disposition of the Certificate.

PAYABLE ON DEATH (P.O.D) BENEFICIARY – NOT APPLICABLE FOR IRA CERTIFICATES

I/We designate the person(s) named below as P.O.D. payee(s). During my/our lifetime, all funds on deposit in this account shall be owned by me/us jointly and payment may be made upon my (either of our) request. Upon my death (death of last survivor of us), all funds shall be owned and payment made at the request of any P.O.D. payee(s) surviving. Any payment upon my (either of our) request or the request of any other party with the right to request payment, discharges American Airlines Federal Credit Union from any liability for such payments.

P.O.D's Name	Date of Birth	Social Security Number
Mailing Address, City, State and ZIP		Relationship
P.O.D's Name	Date of Birth	Social Security Number
Mailing Address, City, State and ZIP		Relationship

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN 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.

PLEASE SIGN BELOW

X _____ Primary Owner Signature (Required) Date

X _____ Joint Owner Signature (Required if applicable) Date

Federally insured by NCUA

American Airlines Credit Union and the Flight Symbol are marks of American Airlines, Inc.