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

Primary Owner Signature (Required)

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



SHARE CERTIFICATE APPLICATION

I agree to be bound by the terms and conditions set forth in the American Airlines Federal Credit Union Membership and Account Agreement and Rate and Fee Schedule 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.

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 ☐ TRAD IRA Certificate ☐ ROTH IRA Certificate 6-Month Certificate* □ 12-Month Certificate 24-Month Certificate 30-Month Certificate 36-Month Certificate 48-Month Certificate **Select Certificate Term:** 60-Month Certificate *Not available as an IRA Certificate Apply Initial Deposit as Follows: **Certificate Dividend Options** Maturity Option 1 – Add to Balance. Your Certificate will automatically renew for the same term. Thirty (30) days prior to Option 2 – Deposit to Share. the maturity date, a notice will be mailed, Share ID: Cash/Check П giving you additional options for renewal or disposition of the Certificate. We **Transfer From:** reserve the right to decline a Certificate renewal. Credit Union Account Number Share ID 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 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**

Date

Joint Owner Signature (Required if applicable)