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

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



SHARE CERTIFICATE LADDER 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 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 C	ertificate Ladder	I IRA Certificate Ladder	-		
Select Certificate Term:	(30-m	ler Option 1 onth, 60-month) 1,000 = \$2,000	Ladder Option 2 (12-month, 24-month, 3 3 x \$1,000 = \$3,000	36-month)	Ladder Option 3 (12-month, 24-month, 36-month) 48-month, 60- month) 5 x \$1,000 = \$5,000	
Apply Initial Deposit as Follows		Certificat	e Dividend Options		Maturity	
Divided each run	equally among		VII. 5.1	\	0 (7)	
	y.		- Add to Balance Your Share Certificate Ladder will automatically renew for the longest te			
☐ Cash/Check		☐ Option 2 – Deposit to Share		your ladder. Thirty (30) days prior to the		
☐ Transfer From:				maturity date, a notice will be mailed,		
					you additional options for renewal	
Credit Union Account Number	Share ID			or dispo	osition of the Certificate.	
jointly and payment may be made	ed below as P. upon my (eithe ny P.O.D. paye	O.D. payee(s). Durir r of our) request. Up e(s) surviving. Any p	ng my/our lifetime, all funds on yon my death (death of last sur yayment upon my (either of our	vivor of us)) request o	or the request of any other party with	
the right to request payment, disch	narges America	n Alfilhes Federal C	rount official from any hability for	' '		
the right to request payment, disch	narges America	n Ainines Federal C	Date of Birth		Social Security Number	
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the right to request payment, discheright to request payment, discheright P.O.D's Name Mailing Address, City, State and ZIP	narges America	n Allines Federal C			Social Security Number	
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the right to request payment, discher P.O.D's Name Mailing Address, City, State and ZIP P.O.D's Name Mailing Address, City, State and ZIP IMPORTANT INFORMATION To help the government fight to obtain, verify and record inform	ABOUT PRO he funding of nation that ide ame, address	OCEDURES FOR terrorism and more notifies each person, date of birth and	Date of Birth Date of Birth OPENING AN ACCOUNT ney laundering activities, fector who opens an account.	deral law w	Social Security Number Relationship Social Security Number	
the right to request payment, discher P.O.D's Name Mailing Address, City, State and ZIP P.O.D's Name Mailing Address, City, State and ZIP IMPORTANT INFORMATION To help the government fight to obtain, verify and record inform account, we will ask for your nasee your driver's license or other properties.	ABOUT PRO he funding of nation that ide ame, address	OCEDURES FOR terrorism and more notifies each person, date of birth and	Date of Birth Date of Birth OPENING AN ACCOUNT ney laundering activities, fector who opens an account.	deral law w	Social Security Number Relationship Social Security Number Relationship requires all financial institutions to means for you: When you open ar	