APGFCU Membership Application

Today's Date: _____

<table>
<tr><td colspan="3">REPLACEMENT MEMBERSHIP APPLICATION</td></tr>
<tr><td>☐ Yes</td><td>☐ No</td><td>Date of Replacement:</td></tr>
</table>

REASON FOR REPLACEMENT:
☐ Remove Joint:
☐ Add Joint:
☐ Name Change:
☐ Other:

ACCOUNT HOLDER NAME		ACCOUNT NUMBER

MEMBER VERIFICATION PASSWORD	SOCIAL SECURITY NUMBER	DATE OF BIRTH

SERVICES

☐ Member Protect Checking ☐ High Yield Checking
☐ Standard Checking ☐ ATM Card
☐ Regular Share (savings) ☐ Check Card
☐ eServices PIN Issued
☐ Other:

PRIMARY MAILING ADDRESS	CITY	STATE	ZIP

EMAIL ADDRESS	HOME PHONE	WORK PHONE	CELL PHONE

PRIMARY PHYSICAL ADDRESS if above is P.O. Box	CITY	STATE	ZIP	SIGNATURE
				☐ Signature not required

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

UNEXPIRED PHOTO GOV'T ID W/SIGNATURE #	TYPE	STATE	EXPIRATION	
				X *(seal)*

ELIGIBILITY	PLACE OF EMPLOYMENT, WORSHIP, STUDY OR VOLUNTEER DUTY:	FAMILY MEMBER NAME if eligible through family	OFFICER

OWNERSHIP OF ACCOUNT

Select ownership type: ☐ Individual ☐ Joint with survivorship ☐ Pay on Death Provision ☐ Custodial ☐ Trust: Separate Agreement Dated _____ ☐ Other _____

PAY ON DEATH PROVISION BENEFICIARY

FULL LEGAL NAME	SOCIAL SECURITY NUMBER	FULL LEGAL NAME	SOCIAL SECURITY NUMBER

SIGNATURES AND CERTIFICATIONS

BACKUP WITHHOLDING CERTIFICATION

By signing above, under the penalties of perjury, I certify (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 of a failure to report all interest or dividends, or the Internal Revenue Service 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). **Certification instructions:** You must cross out 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.

ELIGIBILITY CERTIFICATION

BY SIGNING ABOVE, I/We HEREBY MAKE APPLICATION FOR MEMBERSHIP IN THE ABERDEEN PROVING GROUND FEDERAL CREDIT UNION AND AGREE TO ABIDE BY THE FEDERAL CREDIT UNION ACT, NCUA RULES AND REGULATIONS, LAWS OF THE STATE OF MARYLAND, WHERE APPLICABLE, AND THE CREDIT UNION BY-LAWS AND AMENDMENTS THEREOF AND SUBSCRIBE FOR AT LEAST ONE (1) SHARE. The undersigned acknowledge receipt of "All About Your Accounts" (hereinafter referred to as Agreement) and agrees to be bound by the terms and conditions of the same, which Agreement is incorporated by reference herein and made a part thereof. My/Our signature also constitutes a request for any identifying number and/or access device issued by the Credit Union in connection with such accounts. The Credit Union is authorized to obtain such financial information/credit bureau reports relating to me/us as it deems necessary in order to process my/our accounts/services. The Credit Union is hereby authorized to charge this account for any obligation owed by me/us, or any joint owners, if applicable, to the Credit Union. The undersigned also acknowledges receipt and agrees to be bound by all conditions applicable to each listed account and the following: ATM, Check Card, ABBY, and Checking Account which are incorporated by reference herein and made a part thereof. **I am/We are affirming under penalties of perjury I am/we are eligible to join APGFCU as designated in the eligibility field shown above.**

ADDITIONAL SIGNERS

SOCIAL SECURITY NUMBER	DATE OF BIRTH	NAME			SIGNATURE
					X *(seal)*

PRIMARY MAILING ADDRESS	CITY	STATE	ZIP	OWNERSHIP TYPE
				☐ Joint ☐ Custodial ☐ Trustee ☐ Administrator

PRIMARY PHYSICAL ADDRESS if above is P.O. Box	CITY	STATE	ZIP	PRIMARY PHONE

UNEXPIRED PHOTO GOV'T ID W/SIGNATURE #	TYPE	STATE	EXPIRATION	EMAIL ADDRESS

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