

SHARE CERTIFICATE ACCOUNT

Account Number:	Share ID:
Amount: \$	
Select Term: □ 6-month □ 18-month □ 12-mon	nth □ 24-month □ 36-month
Dividend Payments: Monthly dividends will be paid as indicated below. Dividends will be transferre Dividends will be mailed by	ed to account #
If you would like to add a NEW joint owner to the according form can only be used if the owner(s) are current j	*
Owners' Names:	
Primary Owner:	
Joint Owner(s):	
Joint Owner(s):	
Beneficiary (ies): In the event of my death, or if there is more than one ovowners, the undersigned owner(s) hereby designate as my/our account established of this form. If more than of the sums equally.	my/our P.O.D. Payee(s) to receive all sums in one P.O.D. is named, the P.O.D. Payees shall share
• Name: Date of Birth:	Social Security:
Address:	·
Relationship:	
• Name:	
Date of Birth:	Social Security:
Address:	
Relationship:	
Owner's Signature	Date
Joint Owner's Signature	Date
For Credit Union Use Only: □ Teller # Initials □ OFAC verific	ration □ Date

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