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## CEFCU® Certificate Request

*This form is to be used to open a Certificate or to add a joint member(s) to an existing Certificate.*

### INSTRUCTIONS

1. Enter the **CEFCU Savings account number**.
2. Enter the **ID number** (Last 5 Digits of Social Security number OR Caterpillar badge).
3. Choose the **term and rate requested** if opening a new Certificate (3 month through 60 month or other if a promotional term/rate is being offered). If only adding a joint member(s) please put in the **existing term and rate** (this won't change).
4. Indicate **the account(s) the initial deposit is to come from** (if funds are coming from an account number different from the number listed in **Step 1**, please list other account number).
5. Enter the **number of Certificates** the member(s) wish to open and the **amount of each Certificate**.
6. Enter **primary member information** (name, Social Security number, address, city, state, zip code and daytime phone number).
7. Enter **joint member information** (name, Social Security number, address, city, state, zip code and daytime phone number).
8. Indicate the **account monthly dividends should post to**.
9. Indicate **account to receive dividends** (only if different than **Step 1**).

### FINAL STEPS

- Indicate **New and/or Old money, date, office** and your **initials**.
- Print the form.
- Enter **Suffix(es)**.
- The **primary member** and **joint member(s)** are REQUIRED to sign this form. If the form has to be sent out for a signature(s), a copy must be made and routed to the Certificate department.



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Suffix \_\_\_\_\_

FOR OFFICE USE ONLY	
Date	Checking/IMMA digit
EMP	Office
New \$	Old \$

# CEFCU® Certificate Request

## PLEASE PRINT:

(1) Savings Account Number \_\_\_\_\_ (2) ID Number \_\_\_\_\_

(3) Term \_\_\_\_\_ months Rate \_\_\_\_\_ % per annum.

(4) Make the initial deposit from:  Check or Money Order       Transfer from CEFCU:       Bank Wire

Savings Account

Checking Account (suffix \_\_\_\_\_)

Insured Money Market Account (IMMA) (suffix \_\_\_\_\_)

Certificate Account (suffix \_\_\_\_\_) *(Penalty may apply)*

Account Number \_\_\_\_\_ the amount of \$ \_\_\_\_\_

(5) Number of Certificates requested: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

### (6) Primary Member Information

\_\_\_\_\_  
First Name, Middle Initial, Last Name, and Compliment (Jr., Sr., etc) Social Security Number

\_\_\_\_\_  
Street Address, City, State, and ZIP

\_\_\_\_\_  
Daytime Phone Number

### (7) Joint Member Information

\_\_\_\_\_  
First Name, Middle Initial, Last Name, and Compliment (Jr., Sr., etc.) Date of Birth SSN/ITIN

\_\_\_\_\_  
First Name, Middle Initial, Last Name, and Compliment (Jr., Sr., etc.) Date of Birth SSN/ITIN

\_\_\_\_\_  
First Name, Middle Initial, Last Name, and Compliment (Jr., Sr., etc.) Date of Birth SSN/ITIN

\_\_\_\_\_  
First Name, Middle Initial, Last Name, and Compliment (Jr., Sr., etc.) Date of Birth SSN/ITIN

### (8) Please post dividends:

Monthly to:  Savings     Checking Account (suffix \_\_\_\_\_)     IMMA (suffix \_\_\_\_\_)     Certificate

(9) Account to receive dividends: Account Number \_\_\_\_\_ ID Number \_\_\_\_\_

Name \_\_\_\_\_

I (We) agree to the terms and provisions hereof and of the Truth-In-Savings Rate Schedule (Rate Schedule) and the Deposit Account Agreement (Agreement) and acknowledge receipt of a copy of the Rate Schedule and Agreement. All primary and joint member signatures required.

\_\_\_\_\_  
Primary Member Signature *(required)*

\_\_\_\_\_  
Joint Member Signature

\_\_\_\_\_  
Joint Member Signature

\_\_\_\_\_  
Joint Member Signature