

Certificate Request

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

- (Step 1) Enter the **CEFCU savings account number**.
- (Step 2) Enter the **ID number** (Last 5 Digits of social security number OR Caterpillar badge).
- (Step 3) Choose the **term and rate requested** if opening a new CD (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).
- (Step 4) Indicate from **which 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).
- (Step 5) Enter the **number of CD's** the member(s) wish to open and the **amount of each CD**.
- (Step 6) Enter **primary member information** (name, social security number, address, city, state, zip code and daytime phone number).
- (Step 7) Enter **joint member information** (same as primary member information).
- (Step 8) Indicate to **which account monthly dividends should post**.
- (Step 9) Indicate **account to receive dividends** (only if different than **Step 1**).
- (Step 10) Indicate **New and/or Old money, date, office** and your **initials**.
- (Step 11) Enter **Suffix(s)**.
- (Step 12) Print the form.
- (Step 13) 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 CD department.



Not a bank. Better. ®

P.O.Box 1715 • Peoria, IL 61656-1715

Suffix _____

FOR OFFICE USE ONLY

Date	Checking/IMMA digit
EMP	Office
New \$	Old \$

Certificate Request

PLEASE PRINT:

(1) Savings Account No. _____ (2) ID No. _____

(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)*

(5) Acct. No. _____ the amount of \$ _____

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 my (our) dividends:

Monthly to: Savings Checking Account (suffix _____) IMMA (suffix _____) Certificate

(9) **Account to receive dividends:** Acct. No. _____ ID No. _____

Name _____

(11) 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 _____