

LOCAL UNION 392 FEDERAL CREDIT UNION

1228 Central Parkway, #108

Cincinnati, OH 45202

SHARE CERTIFICATE APPLICATION

PRIMARY OWNER:

Name _____

Account Number _____

Home Phone _____

Cell Phone _____

JOINT OWNER¹:

Name _____

SS# _____

Home Phone _____

Birth Date _____

Street _____

City _____

State _____

Zip _____

TERM REQUESTED:

12-month

24-month

36-month

48-month

60-month

OPENING DEPOSIT:

Deposit Amount \$ _____

Check/Cash

Transfer from share account # _____

(Minimum = \$500 / Maximum = \$10,000)

DIVIDEND PAYMENT METHOD:

Dividends will be credited quarterly to this Share Certificate.

BENEFICIARY DESIGNATION:

Name _____

Relationship _____

SS# _____

Birth Date _____

Street _____

City _____

State _____

Zip _____

Notice: I/We agree to be bound by the terms of the Credit Union's Share Certificate Truth in Savings Disclosure, which I/We will or have received.

¹ If there will be a Joint Owner on your account, please include a clear, enlarged, and legible copy of his/her valid, government issued picture identification (ex. driver's license).

Owner Signature _____

Date _____

Joint Owner Signature _____

Date _____

Credit Union Use Only:

Request Received: In Office Phone Mail Fax

Account Number: _____ Dividend Rate: _____% Maturity Date: _____

Copies of Identification Received: _____ Checked OFAC: _____

Employee Initial: _____ Date: _____