



**UNILEVER FEDERAL CREDIT UNION
APPLICATION FOR CERTIFICATE OF DEPOSIT ACCOUNT**

Complete all applicable areas on the form. Print and mail the completed form to UFCU, 800 Sylvan Avenue, Englewood Cliffs, New Jersey 07632. Mail Code A-71.

Certificate of Deposit Account Options

Please select the term of your deposit	Renewal information
<input type="checkbox"/> 3 Month Term <input type="checkbox"/> 6 Month Term <input type="checkbox"/> 12 Month Term <input type="checkbox"/> 18 Month Term <input type="checkbox"/> 24 Month Term <input type="checkbox"/> 30 Month Term <input type="checkbox"/> 36 Month Term <input type="checkbox"/> 48 Month Term	<input type="checkbox"/> Automatically renew for another term at maturity. <input type="checkbox"/> Transfer funds to Account# _____ Suffix _____ at maturity.
Opening Deposit Instructions	
Opening Deposit \$ _____ <input type="checkbox"/> Regular Certificate Deposit (minimum is \$1000) <input type="checkbox"/> Roth, Traditional, Educational, IRA (please circle one, minimum is \$500) <input type="checkbox"/> Cash/Check enclosed (please circle) <input type="checkbox"/> Transfer funds from my Account # _____ Suffix _____	

Member Name: _____ Social Security Number: _____

Joint Member Name: _____ Social Security Number: _____

Joint Member Name: _____ Social Security Number: _____

Address: _____ Phone Number: _____

TIN Certification and Backup Withholding Information

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union, and under penalties of perjury, that the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown is my/the correct identification number and that I am not, unless designated below, subject to backup withholding because (a) I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or (b) because the IRS has notified me that I am no longer subject to backup withholding, or (c) I am exempt from backup withholding; and that I am a U.S. person (including a resident alien). Also, by signing this application, I agree to abide by the terms and conditions disclosed therein.

Member Signature

Date

Joint Member Signature

Date

Joint Member Signature

Date

For Internal Use Only				
Date Open:	Amount:	Rate:	Suffix Account:	Approved By: