



## Term Certificate Request Form

Primary Owner Name:	Account Number:

On file Joint Owner 1:	On file Joint Owner 2:	On file Joint Owner 3:

I/We hereby request a Term Certificate in the amount of \$ \_\_\_\_\_ (Minimum amount \$1,000) for a term period of:

- |                                    |                                    |                                    |                                    |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> 6 Months  | <input type="checkbox"/> 12 Months | <input type="checkbox"/> 24 Months | <input type="checkbox"/> 36 Months |
| <input type="checkbox"/> 48 Months | <input type="checkbox"/> 60 Months | <input type="checkbox"/> 72 Months | <input type="checkbox"/> 84 Months |

Source of funds:     Regular Shares             Special Shares             Share Draft

Maturity option:     Renew with the same term

Do not Renew: Transfer funds to     Regular Shares     Special Shares     Share Draft

Earned dividend payment option: Available to owner     At Maturity     Annually     Quarterly     Monthly

**This is an IRA Certificate.**

\*Requests for IRA Certificates must have appropriate accompanying forms. At maturity, principal and earned dividends convert to an IRA share account, if "Do not Renew" is selected.

**Applicant Signature:**

Primary Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Owner 1: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Owner 2: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Owner 3: \_\_\_\_\_ Date: \_\_\_\_\_

For CU staff only:

Received By: \_\_\_\_\_

Completed Date: \_\_\_\_\_