

# Share Certificate Application or Renewal Form

**NOTE:** In accordance with Section 326 of the USA Patriot Act, **applicants are required to provide current picture identification** that verifies identity including name, address and other identifying information. We proudly support all efforts to protect and maintain the security of our members and our country.

## OFFICE USE ONLY

Rate \_\_\_\_\_ % Term \_\_\_\_\_

Certificate \_\_\_\_\_

Effective Date \_\_\_\_\_

CD Acct # \_\_\_\_\_

Maturity Date \_\_\_\_\_

Dollar Amount \$ \_\_\_\_\_

### **I am currently a member.**

Please open a Share Certificate using the following details:

Enclosed is my check for \$ \_\_\_\_\_

Please transfer \$ \_\_\_\_\_ from Account # \_\_\_\_\_

Renew at rate in effect on date of maturity. New certificate amount: \$ \_\_\_\_\_

Mail dividends:  Monthly  Quarterly  Maturity

OR

Post dividends:  Monthly  Quarterly  Maturity To:  Certificate  Share Acct # \_\_\_\_\_

Please register my Share Certificate as follows:  26 Weeks  52 Weeks

### **Member Information**

Member Number \_\_\_\_\_ Social Security # \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Driver's License # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Email Address \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

### **Joint-Owner Information**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Email Address \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

### **Designation of Beneficiary (Pay-On-Death Payee)**

In the event of my death and all other joint-owners predecease me, I hereby designate by signing this application the person whose name(s) appears below as my beneficiary to receive any and all amounts in this account.

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **Signatures**

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint-Owner Signature \_\_\_\_\_ Date \_\_\_\_\_



*1st Nor Cal*<sup>®</sup>  
1<sup>ST</sup> NORTHERN CALIFORNIA CREDIT UNION