

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
 OR
 - Post dividends: Monthly Quarterly To: Certificate Share Acct # _____
- Please register my Share Certificate as follows: 6 Months 12 Months 18 Months 24 Months

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 Northern California Credit Union | PO Box 509, Martinez, CA 94553 | (888) 387-8632 | www.1stnorcalcu.org

OFFICIAL USE ONLY		
OFAC #:	_____	
Member	Joint-Owner	Beneficiary
Signature of Approving Official _____		