

Promotional Share Certificate Application

The purpose of this form is to apply for a **12-month Promotional Share Certificate or Premier Share Certificate** account. Once your funds are received and your account is set up, you will receive a receipt and schedule with the terms of your certificate.

- I am an existing member (provide member number below)
- I am not a member (complete a new member application and include with this completed form)

Please print legibly

MEMBER INFORMATION		
Member Name	CU Member Number (if available)	
Street Address <input type="checkbox"/> Check here if this is a change of address	City, State, Zip	
Daytime Phone	Cell Phone	Member Email Address
ACCOUNT SELECTION		
<input type="checkbox"/> Share Certificate (12-month, \$5,000.00 min, 1.5% APY*) Opening Deposit \$ _____ (Choose one) <input type="checkbox"/> I have included a check <i>(if not from Coca-Cola CU funds)</i> <input type="checkbox"/> One-time debit of funds from Name of Financial Institution _____ 9-digit Routing Transit Number _____ Account number _____	<input type="checkbox"/> Premier Share Certificate (12-month, \$5,000.00 min, 2.0% APY*) with checking account Opening Deposit \$ _____ (Choose one) <input type="checkbox"/> I have included a check <i>(if not from Coca-Cola CU funds)</i> <input type="checkbox"/> One-time debit of funds from Name of Financial Institution _____ 9-digit Routing Transit Number _____ Account number _____	
RENEWAL INFORMATION <i>(choose one)</i>		
Upon maturity, please disburse funds as follows:		
<input type="checkbox"/> Transfer funds to Account No. _____ <input type="checkbox"/> Savings <input type="checkbox"/> Checking Type / ID No. _____ <input type="checkbox"/> Check payable to account owner (Note: Check will be mailed to address on file.)		
PAYABLE-ON-DEATH BENEFICIARY INFORMATION		
Name	Social Security #	% of Distribution
Name	Social Security #	% of Distribution
NOTICE: All beneficiaries are subject to an OFAC review before being added or prior to disbursement of funds. Once signed and dated, this Payable-On-Death Beneficiary designation applies only to this certificate account.		Total Distribution <i>(must equal 100%)</i>
AUTHORIZATION		
By signing below I hereby authorize Coca-Cola Federal Credit Union to open the above Certificate account. What I have stated in this application is true and correct to the best of my knowledge.		

Member Signature _____ **Date** _____

* Limited-time offer. New money deposit only. APY(s) = Annual Percentage Yield(s). \$5,000 minimum balance to open for both offers. A penalty may be imposed for early withdrawal. Rates are subject to change and offer may be withdrawn at any time. Interest paid at maturity. Offer may not be renewed. Maximum of \$250,000.00 deposit for this promotion per account holder.