



LOCAL UNION 392 FEDERAL CREDIT UNION

1228 Central Parkway, #302
Cincinnati, OH 45202

SHARE CERTIFICATE APPLICATION

PRIMARY OWNER:

Name _____ Account Number _____
Home Phone _____ Cell Phone _____

JOINT OWNER¹:

Name _____ SS# _____
Home Phone _____ Birth Date _____
Street _____
City _____ State _____ Zip _____

TERM REQUESTED:

12-month 24-month 36-month 48-month 60-month

OPENING DEPOSIT:

Deposit Amount \$ _____ Check/Cash Transfer from share account # _____
(Minimum = \$500 / Maximum = \$10,000)

DIVIDEND PAYMENT METHOD:

Dividends will be credited quarterly to this Share Certificate.

BENEFICIARY DESIGNATION:

Name _____ Relationship _____
SS# _____ Birth Date _____
Street _____
City _____ State _____ Zip _____

Notice: I/We agree to be bound by the terms of the Credit Union's Share Certificate Truth in Savings Disclosure, which I/We will or have received.

¹ If there will be a Joint Owner on your account, please include a clear, enlarged, and legible copy of his/her valid, government issued picture identification (ex. driver's license).

Owner Signature _____ Date _____

Joint Owner Signature _____ Date _____

Credit Union Use Only:

Request Received: In Office Phone Mail Fax
Account Number: _____ Dividend Rate: _____% Maturity Date: _____
Copies of Identification Received: _____ Checked OFAC: _____
Employee Initial: _____ Date: _____