Blue Water Federal Credit Union

Request for Certificate of Deposit

Primary Member Information:

Date	Account #	Name (First, MI, Last)	Social Security Number
_____	_____	_____	_____

Available Terms: ☐ 6 Month ($500 min.) ☐ 1 Year ($1,000 min.) ☐ 2 Year ($1,000 min.) ☐ 3 Year ($1,000 min.)

Rate for Term Selected Above: _____%* **Renewal rate subject to change to applicable rate on the actual day of renewal.*

Opening Deposit Instructions for CD:

Amount: $ _____

☐Check Enclosed (if not transferred from BWFCU account) ☐Transfer funds from account #: _____ Suffix: _____

Dividend Payment Option: ☐ Compound Monthly ☐ Transfer funds to suffix: _____

Additional Owners Named On Certificate	Social Security #

ORIGINAL CERTIFICATE IS REQUIRED FOR SURRENDER OF PAYMENT

☐ One Owner Signature for Withdrawal ☐ All Owners Signatures for Withdrawal

Beneficiary(ies) _____

Renewal Information: The Certificate of Deposit will automatically renew if not presented for payment within 10 days after the maturity date.

Owner Certification: Under penalties of perjury, I certify (1) that the number shown on this form is my correct Social Security Number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.**

**(Strike out the language in (2) if the Internal Revenue Service has notified you that you are subject to backup withholding and has not terminated that notification.)

Member Signature _____

Upon receipt of this form and your check or transfer instructions, the Credit Union will open your Certificate of Deposit and your account disclosure documents will be mailed to you.

CREDIT UNION USE ONLY				
Received by:	Date:	Processed by:	Date:	Cert. #