



TERM SHARE (CERTIFICATE) ACCOUNT APPLICATION

Member # _____
Member Name _____ SSN # _____
Address _____ City _____ State _____ Zip _____
Daytime Phone # _____

NOTE: Unless a separate TIN request is attached, refer to the Request for Taxpayer Identification on the (Primary) Savings Account Signature Card.

Please open a Term Share (Certificate) Account with the following:

_____ Check enclosed. Amount \$ _____

_____ Transfer funds from my other LAFFCU account(s):

Account # _____ Amount \$ _____ Account # _____ Amount \$ _____

Open my Term Share (Certificate) Account as follows: Please check one from each column:

Table with 3 columns: TYPE (90 Days, 6 Months, 12 Months, 24 Months, 36 Months, 60 Months, 12 Mo. "Growth"), DEPOSIT DIVIDENDS INTO: [Check One] (Reinvest dividends into Term Share (Certificate) Account, Savings Account #, Checking Account #, Other Account #, Mail Dividend Check), and Dividends on all Term Share (Certificate) Accounts will be credited monthly, on the last day of the month, and at maturity.

Joint Owner and/or Beneficiary Information (Adult Joint Owner required if Primary Owner is under 18 years)

Joint Owner's Name (1) _____ SSN _____

Address _____

Joint Owner's Signature (1)* _____ Date _____

Joint Owner's Name (2) _____ SSN _____

Address _____

Joint Owner's Signature (2)* _____ Date _____

Beneficiary's Name (1) _____ SSN _____

Address _____

Beneficiary's Name (2) _____ SSN _____

Address _____

*Joint owners will be added to the certificate only by signing and returning this form along with a copy of their picture I.D.

_____ Per telephone - The Certificate will be closed and funds transferred to your savings account if this form is not returned with accountholder signature(s) within ten days.

By signing below I/we agree to the terms and conditions of the Account Agreement and the Truth-In-Savings Disclosure. I/we understand and agree that this Certificate application will only govern the Certificate Account indicated below. I/we will execute additional Certificate applications to open other Certificates with you.

Member's Signature _____ Date _____

Joint's Signature _____ Date _____ Joint's Signature _____ Date _____

(Adult required if member is under 18 yrs)

Table with 3 columns: Certificate Account #, Employee, Date