



Request for Share Certificate

Member's Savings Account No. _____

Submit by: FAX 954-499-6749 or Mail: PO Box 829517, Pembroke Pines, FL 33082-9917

SHARE CERTIFICATE (For IRA, Use "Request for IRA Share Certificate" Form TT0526)

AMOUNT \$ _____ TERM: _____ Fixed Rate: Regular Certificate Jumbo

Deposit interest paid to: Add to Certificate Checking Savings Premier One Checking Money Market

Payment by: Check enclosed for \$ _____ Transfer \$ _____ From Account No. _____

NEW MEMBER ACCOUNTS: Your membership account must be open with verified funds on deposit in Savings before the certificate can be processed.
Existing Accounts: Funds must be on deposit in one account before proceeding with the certificate purchase. (if you want to use funds from multiple accounts)

If you want to transfer money from another financial institution, a wire transfer is an option to have funds transferred quickly into your account. A wire transfer fee may apply as listed on the Schedule of Fees. You can also authorize an ACH transfer of funds to your TFCU account.

MEMBER INFORMATION

Name (First, Middle, Last)	Birth Date	Social Security No. (TIN)	Daytime Phone No.
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JOINT OWNER(S) – with rights of survivorship

Name (First, Middle, Last)	Birth Date	Social Security No. (TIN)	Daytime Phone No.
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Address	City	State	Zip	e-mail Address
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Driver's License or Government ID No. / State	Expiration Date	Cell Phone No.
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Name (First, Middle, Last)	Birth Date	Social Security No. (TIN)	Daytime Phone No.
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Address	City	State	Zip	e-mail Address
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Driver's License or Government ID No. / State	Expiration Date	Cell Phone No.
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SIGNATURES AND CERTIFICATIONS

By signing below, the undersigned acknowledges and agrees to the terms and conditions governing the account and services as disclosed in the TFCU account agreement. I/We certify that the information is true and correct. Federal law requires financial institutions to obtain, verify and record information that identifies each person who opens an account, including joint owners. We will ask for your name, address, date of birth and other identifying information. This information will be used to verify your identity. It may be necessary for TFCU to delay the opening of the account or restrict access pending further verification. If all information is not provided, we may be unable to open an account.

Number of signatures required to redeem is _____

Member

Date _____

Joint Owner

Joint Owner

OWNERSHIP - Check if applicable: FIDUCIARY ACCOUNT (Personal Representative or Guardian) UTMA Custodian Account

(OPTIONAL) DESIGNATION OF PAY-ON-DEATH BENEFICIARY (IES) – Individual or Jointly Owned accounts only
ALL BENEFICIARY INFORMATION MUST BE COMPLETED BY THE MEMBER. BENEFICIARY ASSIGNMENT IS EXCLUSIVE TO THIS CERTIFICATE.
Funds will be paid in equal shares unless otherwise indicated. Cross out with an "x" any beneficiary section that has not been designated.

Name _____ %
Relationship _____ Birthdate _____
Social Security No. _____
Address _____
City, State, Zip _____

Name _____ %
Relationship _____ Birthdate _____
Social Security No. _____
Address _____
City, State, Zip _____

Name _____ %
Relationship _____ Birthdate _____
Social Security No. _____
Address _____
City, State, Zip _____

Name _____ %
Relationship _____ Birthdate _____
Social Security No. _____
Address _____
City, State, Zip _____

CU USE: Date Opened _____ By _____ Ext. _____ Branch _____ Suffix No. _____ APY _____ % Audited By _____