

## Blue Water Federal Credit Union Request for Certificate of Deposit Special\*

Primary Memb	ber Information:					
Date	Account # Name (First, MI, Last)				Social Security Number	
Date	Account π	Name (1118	i, Mii, Last)	Social Security Number		
Term:		<u> </u>				
Rate:	%					
Opening Depos	sit Instructions for C	D:				
Amount: \$			(\$1,000 minimum	ı)		
$\Box$ Check Enclosed (if not transferred from BWFCU account) $\Box$ Transfer funds from account					Suffix:	
Dividend Paym	nent: Dividends will	be paid month	ly into your regul	ar share account.		
Additional Owners Named On Certificate				Social S	Security #	
	ORIGINAL CER	RTIFICATE IS	REQUIRED FO	OR SURRENDER	OF PAYMENT	
	One Owner Signa	ature for Withd	rawal All	Owners Signatures	for Withdrawal	
				· ·		
Beneficiary(ies)	)					
	ation: Certificate specials principal amount will be o				e without notice. Specials are	
am not subject to ba		ecause I have not	been notified that I am	subject to backup with	ect Social Security Number and (2) that I holding as a result of a failure to report all ithholding.**	
**(Strike out the land	nguage in (2) if the Interna	ıl Revenue Service	has notified you that	you are subject to backu	up withholding and has not terminated that	
Member Signati	ure					
	is form and your check o		tions, the Credit Uni	on will open your Cert	tificate of Deposit and your account	
CREDIT UNION U	USE ONLY					
Received by:	Date:	F	rocessed by:	Date:	Cert. #	