

**HARTFORD POSTAL EMPLOYEES CREDIT UNION
TERM SHARE CERTIFICATE APPLICATION
NOT TRANSFERABLE**

(Please type or print clearly)

I Hereby apply for a credit union Term Share Certificate with the following terms and conditions:

A. Certificate Value (minimum \$1,000.00): \$ _____

B. Certificate Type: Standard Term Certificate IRA Term Certificate
If IRA Term Certificate: Current Year Contribution or Prior Year Contribution

C. Certificate Description:
 Basic Certificate, (\$1,000 minimum balance) JUMBO Certificate, (\$90,000 minimum)

D. Term of Certificate: 90 days 6 months 12 months 18 months
 24 months 36 months 48 months 60 months

E. Payment of Dividends:
 Pay dividends at maturity Pay dividends monthly. (not available on 90 day Certificates)

F. Method of Dividend Payment:
 Add to Certificate
 Transfer to: Share Savings Account Checking Account Money Market Account

G. Certificate Maturity:
 Roll over at new rate Transfer to IRA Daily Account (IRA Certificates Only)
 Transfer to: Share Savings Account Checking Account Money Market Account

H. Method of Certificate Purchase:
 Transfer funds from share account _____ Cash or Check enclosed.

I. Certificate Owner:

Name _____	Soc Sec # _____
Address _____	Home Phone _____
	Work Phone _____
Joint owner #1 _____	SS # or DOB _____
Joint owner #2 _____	SS # or DOB _____
Joint owner #3 _____	SS # or DOB _____

J. Owners Acknowledgement:

I certify that I have read and agree to the terms contained in the Term Share Certificate Disclosure statement and acknowledge receipt of a copy of this application and a copy of the Term Share Certificate disclosure statement

Member's signature _____ Date _____

This section to be completed by a credit union representative. Certificate not valid unless signed by Credit Union Rep
Term _____ Rate _____ Annual Percentage Yield (APY) _____ Date _____
Credit Union Representative's Signature _____

FOR OFFICE USE ONLY

Certificate Account # & Suffix _____ Description _____ Type _____
Dividend Rate _____ Maturity Disp Code _____ Dividend Disp Code _____ Issue Date _____
IRA Account Verified _____ New IRA _____

Processed by _____ Date _____

Account Number _____
Last Name, First Initial _____
FOR CREDIT UNION USE ONLY