

CERTIFICATE REQUEST

Use this form to open a Certificate of Deposit (CD) or to add a joint member to an existing CD. If you're adding a joint member to a current CD that has beneficiaries, you will need to complete this form and a [Totten Trust Designation form](#) for the new joint member to sign. Or, to add beneficiaries to the CD, please complete a [Totten Trust Designation form](#).

- STEP 1: Enter your CEFCU savings account number.
- STEP 2: Enter your ID number (last 5 digits of Social Security Number *or* Caterpillar badge).
- STEP 3: Choose the CD term (e.g., 3 month or 60 month).

Rate: When CEFCU receives your Certificate Request form and funds to open your CD, you will receive the rate in effect at the time of opening. CEFCU will send you a letter confirming the CD opening and rate.

- STEP 4: Indicate from which account to transfer funds. Please list account number (if different from STEP 1).
- STEP 5: Enter the number of CDs you wish to open and the amount of each CD.
- STEP 6: Enter primary member information (Name, Social Security Number, Address, City, State, ZIP Code, and Daytime Phone Number).
- STEP 7: Enter joint member information.
- STEP 8: Indicate to which account monthly dividends should post.
- STEP 9: Indicate account to receive dividends (if different than STEP 1).
- STEP 10: Print the form.
- STEP 11: All primary and joint members must sign this form.
- STEP 12: Bring completed form into any Member Center or mail to:

CEFCU
P.O. Box 1715
Peoria, IL 61656-1715



Not a bank. Better.®

Suffix _____

CERTIFICATE REQUEST

FOR OFFICE USE ONLY	
Date	Checking/IMMA digit
Employee	Office
N\$	O\$

Please print:

(1) Savings Account No. _____ (2) ID No. _____

(3) Term _____ Rate _____ % per annum.

(4) Make the initial deposit from: Check or Money Order Bank Wire Transfer from my CEFCU:
 Savings Insured Money Market (IMMA) (suffix _____)
 Checking (suffix _____) Certificate (suffix _____)
(penalty may apply)

(5) Acct. No. _____ the amount of \$ _____

Number of Certificates requested: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
 \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

(6) Member Information:

Name _____
(first, middle initial, last) Social Security Number

Address _____

City _____ State _____ Zip _____

Daytime Phone No. _____

(7) Joint Member Information:

Name _____ Date of Birth Social Security Number
(first, middle initial, last)

Name _____ Date of Birth Social Security Number
(first, middle initial, last)

Name _____ Date of Birth Social Security Number
(first, middle initial, last)

(8) Please post my (our) dividends:

Monthly to: Savings Checking (suffix _____) IMMA (suffix _____) Certificate

(9) Account to receive dividends: Acct. No. _____ ID No. _____

Name _____

(11) I (We) agree to the terms and provisions hereof and of the Truth-In-Savings Rate Schedule (Rate Schedule) and the Deposit Account Agreement (Agreement) and acknowledge receipt of a copy of the Rate Schedule and Agreement. All primary and joint member signatures required.

(Primary Member Signature)

(Joint Member Signature)

(Joint Member Signature)

(Joint Member Signature)

FOR OFFICE USE ONLY

SFX _____