



Premium Share Account Agreement

Account #: _____

Date: _____

Member Name: _____

I hereby request the NIH Federal Credit Union to open a Premium Share Account. I agree to be bound by the terms and conditions of this account as identified below. Account restrictions are subject to change.

1. \$5.00 is the minimum balance requirement to open a Premium Share Account. A minimum balance of \$5,000.00 is required to achieve the higher Annual Percentage Yield (APY).
2. This account will pay dividends at a rate set by the NIH Federal Credit Union, compounded and posted monthly. Dividends will be paid from day of deposit to day of withdrawal.
3. Should you withdraw from the Premium Share Account and the balance falls below \$5,000.00, you will receive the Regular Share Account APY.
4. The account summary will appear on quarterly account statements.
5. There are no deposit restrictions on this account relating to the frequency of deposits or the manner in which they are to be made.
6. All funds in this account will be released to the member upon termination of the account providing there are no fees, delinquent loans or other monies due the Credit Union.
7. Rate are subject to change.

Please transfer \$ _____ from the below account to open my Premium Share Account. (\$5.00 minimum to open)

Savings-Suffix: _____

Checking-Suffix: _____

Other-Suffix: _____

X _____
Member Signature Date

ID Type: _____
ID Number: _____
Expiration Date: _____

X _____
NIHFCU Associate Signature Date

NIHFCU Associate Print Name

To submit, please fax or mail completed and signed form along with any requested support documentation to:

NIHFCU Attention: Operations Department

Fax: **301-770-5372**

Mail: **P.O. Box 6475 Rockville, MD 20849-6475**

Or, you may drop this form off at any NIHFCU branch location