



NIH  
Federal Credit Union

### Certificate Request Form

Account #: \_\_\_\_\_ Date: \_\_\_\_\_

Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: - \_\_\_\_\_ Work Telephone #: - \_\_\_\_\_

Deposit Amount: \_\_\_\_\_ Transfer from: \_\_\_\_\_

Interest Rate: \_\_\_\_\_ APY: \_\_\_\_\_

Dividends to be Paid (please check one): Reinvest  Transfer to: \_\_\_\_\_  
Account Number-Suffix

**Type of Certificate:** (please select one)

Share Certificate

IRA Certificate

ROTH IRA Certificate

**Amount of Certificate:** (please select one)

\$1,000

\$10,000

\$100,000

**Term of Certificate:** (please select one)

3 Month

15 Month Add-On

30 Month Add-On

6 Month

15 Month Bump-Up

30 Month Bump-Up

7 Month

18 Month

36 Month

12 Month

24 Month

60 Month

Other: \_\_\_\_\_

**X** \_\_\_\_\_  
Member Signature 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