



Certificate Request Form

Account #: _____ Date: _____

Member Name: _____

Address: _____

Contact Phone #: _____

Deposit Amount: _____ Amount of check enclosed: _____ Transfer from: _____

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

Term of Certificate: (please select one)

3 Month

15 Month Add-On

30 Month Bump-Up

6 Month

15 Month Bump-Up

36 Month

7 Month

18 Month

60 Month

12 Month

24 Month

Other: _____

Maturity Options: (please select one)

Reinvest

Transfer to: _____
Account Number-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