



# 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