6th Month Youth Saver Certificate Account Agreement

To apply for the "6th Month Youth Saver" Certificate, NIHFCU membership must first be established for the minor.
If minor is not yet a member, visit any NIHFCU branch or mail in a paper member application (nihfcu.org/membership)

Member Number: _____ Date: _____

Minor's (Primary Member) Information

Last Name _____ First Name _____ Middle Name _____

Custodian/Guardian's Information

Last Name _____ First Name _____ Middle Name _____

Custodian/Guardians Contact Information

Current Address _____ City _____ State _____ Zip code _____

Daytime Phone Number _____ Cell Phone Number _____ Personal Email Address _____

Funding Options (select one): deposit amount: **$500.00**:

- ☐ Check Enclosed
- ☐ Transfer from my NIHFCU Account #: _____ Suffix #: _____

Dividends to be paid (select one):

- ☐ Re-invest
- ☐ Transfer to NIHFCU Account #: _____ Suffix #: _____

I understand the following:

*To achieve the promotional 5.00% Annual Percentage Yield (APY), the member/primary account holder must be 17 years of age or younger. Limit is one 5.00% APY Certificate per member. This Certificate is not renewable at the promotional rate and is not available as an IRA. This offer is subject to change or cancellation by NIHFCU at any time without notice. Early withdrawal penalties apply. Federally insured by NCUA.

_____ _____
Custodian/Guardian's Signature Date

To submit, please complete and sign this form and mail it along with your check or money order to:
NIH Federal Credit Union, Attention: Member Support Department,
PO Box 6475, Rockville, MD 20849-6475
or visit any NIHFCU branch location

For Internal Use only

_____ _____ _____ _____
NIHFCU Employee Signature Initials Date Originating Branch #