



Receipt for Share Certificate

ACCOUNT # _____ Certificate I.D.# _____

(Indicate type and term)

Certificate Type: Share Traditional IRA Roth IRA Coverdell Education
Term: 6 months 12 months 18 months 24 months 36 months

Account Name:

Name _____
 Address _____
 Phone _____

(Check one)

Joint **POD** (Beneficiary)
 Other _____

Joint **POD** (Beneficiary)
 Other _____

Name _____
 Date of Birth _____
 S.S.# _____
 Address _____
 Phone _____

Name _____
 Date of Birth _____
 S.S.# _____
 Address _____
 Phone _____

For office use only:

Date opened: _____
 Matures on: _____
 CD amount: _____
 Annual Percentage Yield (APY): _____
 Dividend rate: _____
 Dividends to be paid to:
 _____ Certificate
 _____ Transfer to Share _____
 _____ Check by Mail

The member(s) acknowledge(s) the receipt of and agrees to be bound by the terms of the separately distributed Share Certificate Disclosure.

Primary Owner

Joint Owner

Completed By

Date