



An educated choice

SHARE CERTIFICATE FORM

Please print all information.

Account Number _____

Type of Certificate _____

Rate _____ Amount \$ _____

____ Check enclosed for the amount of \$ _____

____ Transfer the amount of \$ _____ from my _____ account.

PRIMARY MEMBER INFORMATION

Name _____

Address _____

Phone _____ Cell _____

Email _____

SECONDARY MEMBER INFORMATION (IF APPLICABLE)

Name _____

Address _____

Phone _____ Cell _____

Email _____

_____ (member's initials) I understand that dividends on my Share Certificate will be credited to my Share Certificate every quarter and then immediately transferred to my Share Savings Account. Dividends are not compounded. A more detailed explanation can be found within our Terms and Conditions, Electronic Transfers, Funds Availability, Truth and Savings, which I choose to review: on TVTFCU's website _____ as a printed copy _____

IN ADDITION TO THIS FORM YOU MUST SUBMIT A DRIVER'S LICENSE OR GOVERNMENT ISSUED ID TO VERIFY YOUR IDENTITY. YOU CAN SEND A COPY TO US BY EMAIL: MSR@TVTFCU.ORG, BY FAX: 860-253-4785, OR BY MAIL.

P 860-253-4780
P 800-749-8305
F 860-253-4785

182 South Road
Enfield, CT 06082

www.tvtfcu.org



MEMBER SIGNATURE _____

DATE _____

FOR STAFF USE ONLY:

Cert. # _____ Suffix _____ Maturity Date _____