



**State Highway Patrol Federal Credit Union**

**Secondary Savings Account Application**

1900 Polaris Pkwy. Ste. 400 Columbus, OH 43240

614-431-0784 or 800-282-3006

Fax 614-431-1158 www.shpfcu.org

**Name (Last-First-MI)**

**Member Account Number**

\_\_\_\_\_

I/We would like to sign up for a Christmas Club Account. I/We understand that this club account has an active time period of November 1st to October 31st, at which time the proceeds of the club account will be directly deposited into my/our regular share savings account. I/We understand that if at any time we request funds from this club account there will be a \$5.00 processing charge for the withdraw. Please transfer \$\_\_\_\_\_ from account #\_\_\_\_\_ to open the Christmas Club Account. I/We would like the same joint owner(s) and beneficiaries on the Christmas Club Account that I/We currently have on my existing credit union accounts.

I/We would like to sign up for a Special Purpose Savings Account/Secondary Share Account. I/We understand that there is no minimum balance requirement to open this account (these accounts). There are four free withdrawals per month on this account, after that there is a \$1.00 per withdrawal fee. Please transfer \$\_\_\_\_\_ from account #\_\_\_\_\_ to open the Special Purpose Savings Account/Secondary Share Account. I/We would like the same joint owner(s) and beneficiaries on the Special Purpose Savings Account/Secondary Share Account that I/We currently have on my existing credit union accounts. If you would like more than one Special Purpose Savings Account/Secondary Share Account please indicate so on this form. #\_\_\_\_\_.

I/We would like to sign up for a Blue Max Share Savings Account. I/We understand that there is a minimum of \$2,500.00 to open the Blue Max Share Savings Account. Please transfer \$\_\_\_\_\_ from account #\_\_\_\_\_ to open the Blue Max Share Savings Account. I/We understand that if at any time the balance goes below the minimum of \$2,500.00 that dividends are not received. There is full availability to funds at any time in the Blue Max Share Savings Account by the account holders, as defined by the enclosed Truth in Savings disclosure. I/We would like the same joint owner(s) and beneficiaries on the Blue Max Share Savings Account that I/We currently have on the existing credit union accounts.

I/We would like to sign up for a Share Certificate(s). I/We understand that there is a minimum of \$500.00 to open each Share Certificate. Please transfer \$\_\_\_\_\_ from account #\_\_\_\_\_ to open a \_\_\_\_\_ **Month** Share Certificate. I/We would like the dividends to be paid **Monthly/Quarterly/ At Maturity**. I would like the Share Certificate to **renew/redeposit to our Regular Share/Blue Max/ be mailed to me at maturity**. I/We would like the same joint owner(s) and beneficiaries on the Share Certificate(s) that I/We currently have on the existing credit union accounts. If more than one Share Certificate is requested please note the above terms for each one. (Please circle or complete your Share Certification options in bold above).

Please return this completed form to the credit union.

X \_\_\_\_\_ Date: \_\_\_\_\_ CU Staff: \_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_ (Joint owner signature, if applicable)

