



Rate Riser Share Certificate Application & Rate Change Form

**Minimum Balance \$500.00
15 Month Term**

Check One: New Rate Riser 15 Month Share Certificate
 *One-time Rate Change; no additional funds
 (*One-time Rate Change; with additional funds \$ _____

Dividends – Dividends will be compounded monthly. Dividends will be credited to your account monthly.

Please credit monthly dividends to my Share Account (optional).

Amount of Share Certificate: \$ _____

AFCU Internal Use Only _____ % APY

Registered in the following name(s):

_____ **Account number**

_____ **Member Name**

_____ **Last 4 of Social Security Number**

_____ **Phone Number**

_____ **Joint Member**

_____ **Last 4 of Social Security Number**

_____ **Beneficiary (POD)**

_____ **Last 4 of Social Security Number**

Payment Method (Select One):

Transfer funds from; Savings Checking Other _____
Transfer from existing Share Certificate Suffix number _____ maturing on _____

Check deposit

Upon Share Certificate Maturity:

The Rate Riser Share Certificate will automatically close and transfer into Share Savings.

***Rate change must be requested in writing and dated by member. One-time rate change with or without additional funds applies to the current balance in the 15 Month Rate Riser Share Certificate at the time of the request for the remaining term of the certificate.**

Withdrawal of funds ***before*** maturity will result in a penalty equal to 180 days of dividends.

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF A COPY OF THE TERMS AND CONDITIONS APPLICABLE AND POLICY DISCLOSURE.

_____ **Member Signature**

_____ **Date**

_____ **Joint Member Signature**

_____ **Date**