MUNICIPAL CREDIT UNION

22 Cortlandt Street
New York, NY 10007

SHARE CERTIFICATE APPLICATION

☐ Single ☐ Joint ☐ Custodial

Primary Owner

(Primary Certificate Owners Name) _____ (Account Number) _____

(Address) _____ (Date of Birth) _____

(City, State, Zip Code) _____ (Social Security Number) _____

Joint Owner

(Joint Certificate Owners Name) _____ (Account Number) _____

(Address) _____ (Date of Birth) _____

(City, State, Zip Code) _____ (Social Security Number) _____

1. Term of Share Certificate *(Check one)*

☐ 3-Month ☐ 6-Month ☐ 9-Month ☐ 12-Month ☐ 18-Month Deposit Plus

☐ 24-Month ☐ 30-Month ☐ 36-Month

2. Opening Deposit *(Check one)*

Deposit Amount $_____

☐ Check

☐ Transfer from my MCU Share Account. ☐ Transfer from my MCU Checking Account.

3. Dividend Payment Method

☐ Credit earned dividends to this Share Certificate.

☐ Credit earned dividends to _____ Share. (Will affect APY)

4. Beneficiary/Custodian Information:

(Beneficiary/Custodial Name) (Relationship) _____

(Social Security Number) (Date of Birth) _____

(Address) _____

(City, State, Zip Code) _____

(Beneficiary/Custodial Name) (Relationship) _____

(Social Security Number) (Date of Birth) _____

(Address) _____

(City, State, Zip Code) _____

I agree that this account will be governed by the terms of the Share Certificate Account Agreement, and the rules and regulations of the Credit Union applicable to Share Certificate accounts as now in effect and as amended from time to time, which will be mailed to me within ten (10) calendar days. **Under penalties of perjury, I certify (1) that the number shown on this form is my taxpayer identification number; and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. (3) I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

Owner Signature _____ Date _____

Joint Owner/Custodian Signature _____ Date _____