



# New Certificate Selection & Signature Card

Primary Member Name: \_\_\_\_\_ Member #: \_\_\_\_\_

SSN #: \_\_\_\_\_

Account Type: \_\_\_\_\_ Type: \_\_\_\_\_ Suffix #: \_\_\_\_\_

Certificate Dividends (if other than remaining with the balance)  Issue Check  'Monthly  Quarterly  Deposit to Account  Monthly  Quarterly Account #: \_\_\_\_\_

Ownership Type:  Individual  Joint with Right of Survivorship\*

## Joint Owner Information

First Name	Middle Initial	Last Name	Suffix	Social Security Number		
ID Type	Number/Value		Issued By	Expiration Date	Date of Birth	Gender
Physical Address			City	State	Zip	
Mailing Address			City	State	Zip	
Mother's Maiden Name	Home Phone		Cell Phone	E-Mail Address		
Employer			Work Phone	Occupation		

## Joint Owner Information

First Name	Middle Initial	Last Name	Suffix	Social Security Number		
ID Type	Number/Value		Issued By	Expiration Date	Date of Birth	Gender
Physical Address			City	State	Zip	
Mailing Address			City	State	Zip	
Mother's Maiden Name	Home Phone		Cell Phone	E-Mail Address		
Employer			Work Phone	Occupation		

## \*Joint account with Right of Survivorship - Definition

Right of Survivorship: We understand that by establishing a joint account with right of survivorship under the provisions of N.C. Gen. Statute 54-109.58 that: (1) The Credit Union may pay the money in the account to, or on the order of, any person named in the account unless we have agreed with the Credit Union that withdrawals require more than one signature; and (2) Upon the death of one joint owner the money remaining in the account will belong to the surviving joint owners and will not pass to the heirs of the deceased joint owner or be controlled by the deceased joint owner's will. We DO elect to create the right of survivorship in this account.

## Substitute W-9 - TIN Certification

I certify in accordance with IRS W-9 instructions and under penalties of perjury, that:  
1. The number shown on this form is my correct taxpayer identification number, AND  
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.  
3. I am a U.S. person (including a US resident alien). [Cross out item 3 if you are not a U.S. person, and initial here: \_\_\_\_\_]

## Agreement and Authorization Signatures

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosures, Funds Availability Policy, Electronic Fund Transfers Agreement and Disclosure, Privacy Notice Disclosure and Rate and Fee Schedules; and to any amendment the Credit Union makes from time to time which are incorporated therein. I/we acknowledge receipt of the abovementioned disclosures, and any agreements and disclosures applicable to the accounts and services requested herein. Additionally, I/we specifically consent and agree that the Credit Union may provide the abovementioned legally required disclosures electronically on the Credit Union website, or in writing, or both.

I/we understand that in order to become, and remain, an active member of the Credit Union, a minimum of \$5 must be maintained on account with the Credit Union. Yes, I/we want to open my/our Credit Union account(s) and join the Credit Union if my/our membership has not already been established. I/we hereby authorize the Credit Union to open the account(s). Furthermore, I/we affirm our commitment to the mission of the Center for Community Self-Help and acknowledge that I/we are making a \$20 membership contribution to CCSH (if applicable).

Primary Member Signature	Date
Joint Owner Signature	Date
Joint Owner Signature	Date



## New Certificate Selection & Signature Card

### Help Sheet

Thank you for your interest in a membership with Self-Help Credit Union. Complete each section of the “New Certificate Selection & Signature Card” as indicated below. If any part of the required information is not received, your membership will be delayed until all required information/items are received. If you have any questions as you complete this form, please contact us at 1-800-966-7353 or contact one of our [branches](#) closest to you.

---

#### **NOTE:**

In addition to a “Personal Membership Application”, a “New Certificate Selection & Signature Card” form must be completed to open a Certificate of Deposits (CD) account. If you would like to open more than one CD account, please complete a “New Certificate Selection & Signature Card” form for each CD account. If there are more than two owners/signers, please use an additional “New Certificate Selection & Signature Card” form.

#### **Primary Member Name**

Enter the name of the primary account owner.

#### **SSN Number**

Enter the SSN Number/Individual Tax Identification Number (ITIN) of the primary account owner.

#### **Member Number & Suffix Number**

This will be assigned by the Credit Union.

#### **Account Type**

Make a selection from the drop down box and select the CD term and the type of the CD account.

**Note:** If you wish to open more than one CD account, please complete a separate “New Certificate Selection & Signature Card” form for each account.

Refer to our website for a full description of each account type.

#### **Certificate Dividends**

If you wish to transfer the certificate dividends out of the CD account, please indicate the method of disbursement (i.e. Issue Check or Deposit to Account) and the frequency. If you want to deposit the dividends into another account held at Self-Help, enter the account number in the space provided. If you prefer to have the dividends remain in the Certificate of Deposit account that you are opening, leave blank.

## Ownership Type

Indicate the ownership for the account. The following describes the types of ownership:

- **An Individual Account** is owned by one individual. The owner of the account has full transaction authority. Upon the death of such individual, the remaining funds belong to the individual's estate. If the account owner names a **Payable on Death Beneficiary (POD)**, then upon his/her death the funds belong to the POD. If the owner of the accounts wants to name a POD beneficiary, he/she needs to contact the local branch to complete additional forms.
- **A Joint Account with Right of Survivorship** is owned by two or more individuals. Each joint owner has full transaction authority and ownership of account funds. Upon the death of one of the joint owners, the remaining funds belong equally to all surviving joint owner(s).

## Joint Owner Information

Complete the Joint Owner's information for all joint owners on the account (if applicable) as indicated below. If a section does not apply, write N/A.

- First Name, Middle Initial, Last Name & Suffix\* – Enter joint owner's name
- Social Security Number\* – Enter joint owner's full Social Security Number or ITIN
- ID Type\* – Enter or select joint owner's ID type for verification. Acceptable types include: *Driver's License, Matricula Consular, Passport, State Issued ID or Military ID. For any other ID type please type a brief description.*
- Number/Value\* – Enter joint owner's ID number
- Issued By\* – Enter Issuing state or agency
- Expiration Date\* – Enter joint owner's expiration date listed on the ID
- Date of Birth\* – Enter joint owner's date of birth – mm/dd/yyyy
- Gender – Enter joint owner's Gender
- Physical Address\* – Enter joint owner's physical address including city, state and zip
- Mailing Address – Enter joint owner's mailing address if different from physical address (Note: physical address must match the address listed on the ID (i.e. driver's license, state issued ID etc.), if not, proof of address is required)
- Mother's Maiden Name\* – Enter joint owner's mother's maiden name
- Home Phone\* – Enter joint owner's home phone number (Note: If a cell phone is used as the home phone list here as well)
- Cell Phone – Enter joint owner's cell phone number, if applicable
- E-mail Address – Enter joint owner's primary e-mail address, if applicable
- Employer\* – Enter joint owner's employer (if retired please list last employer)
- Work Phone – Enter joint owner's work phone number, if applicable
- Occupation\* – Enter joint owner's current occupation (if retired please list last occupation, e.g. Retired Nurse)

### **\*Required Fields**

## Signature & Date

The "New Certificate Selection & Signature Card" must be signed by the Member (Primary Owner) and all joint owners, if applicable. Please make sure that you read the "Substitute W-9 - TIN Certification" & "Agreement and Authorization Signatures" clause before signing and dating the "Account Selection and Signature Card" form(s).