



# PREMIUM HIGH YIELD ACCOUNT APPLICATION

## PRIMARY ACCOUNT HOLDER

Account Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name (First, Middle and Last) \_\_\_\_\_

Mother's Maiden Name (Required) \_\_\_\_\_

Address (Street Address Required) \_\_\_\_\_

Social Security Number (Required) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth (Required) \_\_\_\_\_

Home Telephone \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Work Telephone \_\_\_\_\_

Additional Telephone Numbers \_\_\_\_\_

**SOURCE OF DEPOSIT:** Enter DCECU share account from which to transfer funds \_\_\_\_\_

**AMOUNT OF DEPOSIT:** Enter the deposit amount (minimum of \$10,000.00) \_\_\_\_\_

**JOINT MEMBERS/BENEFICIARIES:** Do you wish to add the same joint members and/or beneficiaries to this Premium High Yield account as are listed on your Prime Share account?

**Yes** – If yes, please submit this application.

**No** – If no, please complete the following information.

### JOINT MEMBER(S)

Name (First, Middle and Last) \_\_\_\_\_

Name (First, Middle and Last) \_\_\_\_\_

Social Security Number (Required) \_\_\_\_\_

Social Security Number (Required) \_\_\_\_\_

Date of Birth (Required) \_\_\_\_\_

Date of Birth (Required) \_\_\_\_\_

### BENEFICIARY(S)

Name (First, Middle and Last) \_\_\_\_\_

Name (First, Middle and Last) \_\_\_\_\_

Social Security Number (If Available) \_\_\_\_\_

Social Security Number (If Available) \_\_\_\_\_

Date of Birth (Required) \_\_\_\_\_

Date of Birth (Required) \_\_\_\_\_

**DISCLOSURE:** The disclosure requirement for this account is included in the DCECU Account Agreement and Disclosure booklet. If you would like a new copy of this agreement, please check this box.

**By submitting this application, you are requesting to open a new Premium High Yield Account. Depending on the requested set up of the account, additional signatures may be required.**

If you have any questions, please call (989) 835-7794 or (800) 835-7794.  
Please fax completed form to (989) 832-9283 or return to DCECU, P.O. Box 1649, Midland, MI 48641-1649