



CERTIFICATE OF DEPOSIT PURCHASE REQUEST FORM

PRIMARY ACCOUNT HOLDER:

Account Number _____

Phone # _____

Name (First, Middle and Last) _____

STANDARD CD TERM 90 Days

6 Months 12 Months 18 Months 24 Months 36 Months

IRA CD TERM* 12 Months 24 Months 36 Months 48 Months

INTEREST PAYMENT METHOD* Compound Transfer to DCECU Account Number _____

MATURITY METHOD* Automatically Renew Transfer to DCECU Account Number _____

SOURCE AND AMOUNT OF DEPOSIT Total Amount _____

DCECU Account Number _____ Check(s) _____

*** All funds from IRA CDs must be transferred to the same IRA type** (Roth, Traditional or Coverdell)

JOINT OWNER(S)

_____ Name (First, Middle and Last)

_____ Name (First, Middle and Last)

_____ Social Security Number & Date of Birth (Required)

_____ Social Security Number & Date of Birth (Required)

BENEFICIARY(S)

_____ Name (First, Middle and Last)

_____ Name (First, Middle and Last)

_____ Date of Birth (Required)

_____ Date of Birth (Required)

I hereby request that a Certificate of Deposit account be opened at Dow Chemical Employees' Credit Union on _____ (date) according to the information listed above. I understand that the interest rate will be designated at time of account opening.

_____ Primary Signature

_____ Date

_____ Joint Signature(s)

_____ Joint Signature(s)