POLICE FEDERAL CREDIT UNION SHARE CERTIFICATE APPLICATION

Police FCU Account No._____

Please mail or fax this application to:

Police Federal Credit Union
9100 Presidential Parkway Upper Marlboro, MD 20772
Attention: Share Certificate Department
Fax: 301.817.1230

Call for current rates: 301.817.1200 or 877-ARU-PFCU

Please complete this Share Certificate Application and read our Disclosure on the reverse of this form. Separate applications are necessary for each Share Certificate.

Certificate Options (Check the box that applies to the Share Certificate you would like to purchase.)

Regular Share Certificates ($1,000 minimum deposit)

- ❑ 6-month
- ❑ 12-month
- ❑ 24-month
- ❑ 36-month
- ❑ 48-month
- ❑ 60-month
- ❑ _____

Dividend Options (Select one)

- ❑ Add dividends to principal
- ❑ Transfer dividends to Share Savings
- ❑ Pay dividends via share draft
- ❑ Transfer dividends to account #_____

Contact Information

Primary Owner Name	Joint Owner Name (if applicable)
Home Phone Work Phone Cell Phone	Home Phone Work Phone Cell Phone
Address	Address
City State Zip	City State Zip

Deposit/Funding Options

- ❑ Deposit of $_____ is enclosed
- ❑ Transfer $_____ from Primary Share Account
- ❑ Transfer $_____ from Share Draft (Checking) Account
- ❑ Transfer $_____ from Money Market Account
- ❑ Transfer $_____ from other Police FCU Account
  - Other Police FCU Account Name/Type:_____
  - Other Police FCU Account Number:_____

Upon maturity, your Certificate balance will be automatically rolled over to a new Certificate at the then-current rate with the same term of maturity, unless you request otherwise in writing.

I/We have read and agree to the terms and conditions as noted on this application and the disclosure on the back of this application. Joint Accounts have full rights of survivorship. (Note: Police FCU will provide you with dividend rate and maturity date information immediately upon the receipt of this application.)

Primary Member's Signature Date	Joint Owner's Signature (if applicable) Date

To Be Completed By Police Federal Credit Union:

Issue Date	Amount	Term	Annual Percentage Rate/Yield	Maturity Date	Suffix	Completed By:
_____	$_____	_____	_____%	_____	_____	_____

Return this application to the Credit Union. Please keep the accompanying Rate & Fee Schedule and disclosure for your records.