

Maturity Certificate Instruction Form

The following document is to be completed and printed.

Upon completion, email to webmail@teachersfcu.org, or mail to ATT: Member Services, Teachers Federal Credit Union, P.O. Box 9005, Smithtown, New York 11787., or drop off at any convenient branch location.

As a reminder, upon maturity, you have a grace period of **7 calendar days** to add/withdraw funds or change the certificate's term without incurring a penalty. If a selection is not made within this timeframe, your share certificate will automatically renew into a certificate of the same term (or a similar period if the current term is no longer offered) at the dividend rate provided on the maturity date*.

Member Name: _____

Joint Member Name (if applicable): _____

Current Certificate Account Number: _____

Please complete one of the following options and return this form before the expiration of your grace period.

- I would like to renew my certificate for a term of _____ month(s) at the dividend rate offered on the date of maturity.
- I would like to close my certificate and transfer the entire balance into my Teachers account number _____.
- I would like to process a withdrawal of \$ _____ from my certificate and credit these funds to my Teachers account number _____. My desired renewal term for the remaining balance _____ month(s).
- Other: _____

Primary Member Signature: _____ Date: _____

Joint Member Signature: _____ Date: _____

If you need additional information or have questions regarding your certificate account, please schedule an appointment at www.teachersfcu.org or call us at 1-800-341-4333.

Thank you for being a valued member of Teachers Federal Credit Union

*The dividend rate and annual percentage yield (APY) for the renewal term have not yet been determined. Rates are subject to change at any time. The rate will be set at the date of maturity or the date the new certificate is established.