

Yes, I want to open my Custom Savings Account

SDFCU Account Number

Daytime Phone

Custom Share Account Name

Name

Email address

Social Security #

Joint Owner Name

Social Security #

Joint Owner Name

Social Security #

I/we have read and understand the Truth in Savings disclosure and account information booklet. By signing below, I acknowledge receipt and agree to be bound by the terms of these agreements and disclosures.

Primary Owner Signature

Date

Joint Owner Signature

Date

Joint Owner Signature

Date

JOINT ACCOUNTS ONLY - CHECK ONE BOX - MUST SIGN

G JOINT ACCOUNT - WITH SURVIVORSHIP

On the death of a party to the account, the deceased party's ownership in the account passes to the surviving party or parties to the account.

G JOINT ACCOUNT - NO SURVIVORSHIP

On the death of a party to the account, the deceased party's ownership in the account passes as a part of the party's estate under the party's will, trust, or by intestacy.

Primary Owner Signature

Date

Joint Owner Signature

Date

Joint Owner Signature

Date

Help me reach my goal: (optional)

G Please tell me when I've saved \$ _____.

or

G Please transfer the accumulated balance to my Regular Share Account **every year**, on the fifteenth (15th) of

_____.

(Choose a month)

Here's how I'll fund my account:

G Enclosed is my check.

G AUTOMATIC TRANSFERS FROM SHARES (Check one)

G Monthly: Transfer \$_____ on the 15th of each month.

G Semi-monthly: Transfer \$_____ on the 15th and the last day of each month.

From: (Check one)

G Regular Share Account (00)

G Share Checking Account (01)

G TRANSFER FROM PAYROLL DEPOSIT

Allocate \$ _____ from:

G My allotment.

G My net pay deposit.

I understand I can make additional deposits at any time.