

SHARE CERTIFICATE APPLICATION
NORTH SHORE LIJ HEALTH SYSTEM FEDERAL CREDIT UNION

SELECT YOUR METHOD OF DEPOSIT UNDER THE
 "FINAL DISPOSITION" SECTION. PLEASE DO NOT MAIL CASH.

A/C# _____ SOC. SEC.# _____ 3 MO _____ 6 MO _____ 1 YR _____ 2 YR _____

NAME: _____

FINAL DISPOSITION

STREET: _____

CD ROLLOVER \$ _____

CITY, ZIP: _____

SHARES \$ _____

SIGNATURE: _____

CHECK TRANSFER \$ _____

TELEPHONE NUMBER: _____

OTHER _____

FOR OFFICE USE ONLY

DATE OF		CTF \$\$ VALUE	INTEREST		YIELD %	MATURITY NTC. MLD.
ISSUE	MATURITY		RATE %	AMOUNT		

Please print, complete and return APPLICATION to the Credit Union or mail to:

North Shore LIJ Health System Federal Credit Union
 300 Community Drive • Manhasset, New York 11030