

FLEX DEPOSIT APPLICATION FORM

PERSONAL DATA		
FIRST NAME:	SURNAME	MIDDLE INITIALS:
ADDRESS:		
ID #: DP <input type="checkbox"/> ID <input type="checkbox"/> PP <input type="checkbox"/> PIN <input type="checkbox"/>	CONTACT:	
	(C) (EMAIL)	

INVESTMENT AMOUNT
(\$)

INVESTMENT SCHEME					
		6 MONTHS	1 YEAR	2 YEARS	3 YEARS
\$ 1,000.00 - \$ 24,999.99	<input type="checkbox"/>	1.25% <input type="checkbox"/>	1.50% <input type="checkbox"/>	1.75% <input type="checkbox"/>	2.00% <input type="checkbox"/>
\$ 25,000.00 - \$ 49,999.99	<input type="checkbox"/>	1.50% <input type="checkbox"/>	1.75% <input type="checkbox"/>	2.00% <input type="checkbox"/>	2.25% <input type="checkbox"/>
\$ 50,000.00 - \$ 99,999.99	<input type="checkbox"/>	1.75% <input type="checkbox"/>	2.00% <input type="checkbox"/>	2.25% <input type="checkbox"/>	2.50% <input type="checkbox"/>
\$100,000.00 - \$499,999.99	<input type="checkbox"/>	2.00% <input type="checkbox"/>	2.25% <input type="checkbox"/>	2.50% <input type="checkbox"/>	2.75% <input type="checkbox"/>
\$500,000.00 & Over	<input type="checkbox"/>	2.25% <input type="checkbox"/>	2.50% <input type="checkbox"/>	2.75% <input type="checkbox"/>	3.00% <input type="checkbox"/>

RENEWAL OPTION		
Interest reinvested <input type="checkbox"/>	Interest transferred to Shares <input type="checkbox"/>	Interest transferred to Deposit <input type="checkbox"/>

TERMS & CONDITIONS:

- All rates are calculated on a per annum basis. Interest for the 6-Month option will be a pro-rated calculation (half of the annual rate) and credited upon maturity
- Upon maturity, this deposit will be automatically renewed at RHAND Credit Union's prevailing rate of interest, provided that alternative instructions are not otherwise received within 48 hours prior to Maturity.
- Additional sums in increments of no less than \$500.00 can be added to the existing deposit during its term
- Closure of the FLEX Deposit or withdrawals done before the full terms of investment will incur a **50% break-rate fee** (of the interest applied) and will result in the transfer of the residual balance to members' Savings Deposit, unless otherwise instructed.

(dd/mm/yyyy)

MEMBER'S SIGNATURE

DATE

FOR OFFICIAL USE ONLY		
ISSUE DATE:	MATURITY DATE:	
ENTERED BY: (TELLER ID)	SIGNATURE:	DATE: (dd/mm/yyyy)
PROCESSED BY: (TELLER ID)	SIGNATURE:	DATE: (dd/mm/yyyy)