# "High-Five" Youth Saver Certificate Account Agreement

**To apply for the "High-Five" Certificate, NIHFCU membership must first be established for the minor.**
If minor is not yet a member, visit any NIHFCU branch or mail in a paper member application (nihfcu.org/membership)

Member Number: _____ Date: _____

**Minor's (Primary Member) Information**
Last Name _____ First Name _____ Middle Name _____

**Custodian/Guardian's Information**
Last Name _____ First Name _____ Middle Name _____

**Custodian/Guardians Contact Information**
Current Address _____ City _____ State _____ Zip code _____

Daytime Phone Number _____ Cell Phone Number _____ Personal Email Address _____

**Funding Options** (select one): deposit amount: **$500.00**:
☐ Check Enclosed ☐ Transfer from my NIHFCU Account #: _____ Suffix #: _____

**Dividends to be paid** (select one):
☐ Re-invest ☐ Transfer to NIHFCU Account #: _____ Suffix #: _____

**Maturity and Renewal Options** (select one):
The Certificate will automatically renew at the prevailing 6-month certificate rate at maturity unless you select another option.

**Renew at maturity as follows** (select one):
☐ Renew at prevailing 6-month certificate rate.
☐ Close the Certificate and Transfer to NIHFCU Account #: _____ Suffix #: _____
☐ Renew as another NIHFCU Certificate at a _____ - month term.

How did you hear about this High-Five Youth Saver Certificate offer? Select One

**I understand the following:**
*To achieve the promotional 5.00% Annual Percentage Yield (APY), the member/primary account holder must be 17 years of age or younger. Limit is one 5.00% APY Certificate per member. This Certificate is not renewable at the promotional rate and is not available as an IRA. This offer is subject to change or cancellation by NIHFCU at any time without notice. Early withdrawal penalties apply. Federally insured by NCUA.

_____ _____
Custodian/Guardian's Signature Date

**To submit, please complete and sign this form and mail it along with your check or money order to:**
**NIH Federal Credit Union, Attention: Member Support Department,**
**PO Box 6475, Rockville, MD 20849-6475**
**or visit any NIHFCU branch location**

For Internal Use only

_____ _____ _____ _____
NIHFCU Employee Signature Initials Date Originating Branch #