

Application for Time Share Certificate

I/We hereby apply to purchase a share certificate in the amount of : \$ _____

1 YEAR _____ 3YEAR _____

_____ I have enclosed a check or money order (DO NOT SEND CASH)

_____ Please transfer funds from my Credit Union share account #

Please issue the certificate in the name(s) of:

Name: _____ Date of Birth _____

Social Security #: _____

Home Address: _____

City: _____ State: _____ ZIP _____

Home Phone: _____ Work Phone: _____

Joint Owner: _____ Date of Birth _____

(each party named has full rights of ownership)

Joint Owner Social Security #: _____

I/We have read, understand and agree to the terms and the conditions for each purchase of this share certificate as presented by the Credit Union in this application.

Signature of owner

Signature of joint owner

Time Share certificate Certification:

Date of Application: _____ Effective Date: _____

Rate: _____ 1yr/3yr Term NOTE:

EARLY WITHDRAWALS WILL RESULT IN SUBSTANTIAL PENALTIES

Employee Initials _____

----- Triboro Postal Federal Credit Union -----

P.O. Box 520487 , Flushing N.Y. 11352-0487 , (718) 961-7585 , FAX (718) 359-0433