



POSTAL AND PARTNERS
Co-operative Credit Union Ltd.

55 South Camp Road, Kingston 4
876-930-8998 | 876-928-1692 | 876-930-7893
postalccu@postalccu.com | www.postalccu.com

PARTNER PLAN SAVINGS APPLICATION FORM

DATE OF APPLICATION:		ACCOUNT #:	TRN
SECTION A - MEMBER INFORMATION			
MEMBER NAME		DATE OF BIRTH	GENDER
HOME ADDRESS			
MAILING ADDRESS (If different from home address)			
CONTACT NUMBER		EMAIL ADDRESS	
NAME OF DESIGNATED BENEFICIARY		RELATION	BENEFICIARY CONTACT NUMBER
NAME OF TRUSTEE (if beneficiary is under the age of 18)			TRUSTEE CONTACT NUMBER
SECTION B - SAVINGS/INVESTMENT DETAILS			
AMOUNT \$	PERIOD OF SAVINGS 16 weeks/4 months [] 24 weeks/6 months [] 36 weeks/9 months []		INTEREST RATE/RETURNS
AT MATURITY 1. Keep my partner plan funds in my partner plan account [] 2. Transfer my mature partner plan savings to a regular deposit account [] 3. Transfer my mature partner plan savings to my bank account []			
Disclaimer: 1. Funds held in the Partner Plan account after maturity will not attract additional interest. 2. Funds held in Partner Plan account after maturity for the purpose of accessing a Partner Line Loan will attract a 1% interest per annum for the life of the loan. Thereafter, interest will be ceased.			
Member's Declaration I confirm that the information given is true in all respects, accurate and complete and that I have not withheld any information that might affect the Credit Union's decision. I agree that early cancellation of this savings plan will result in interest/returns not applied. I also indemnify the PPCCUL of any liability resulting in my inability to contribute weekly/fortnightly/monthly to this savings plan.			
_____ Name (Member)		_____ Signature	_____ Date
FOR INTERNAL USE ONLY			
Start Date of Plan: _____ Amount of \$ _____ entered on member's account.			
_____ Enrollment Taken By		_____ Date	
_____ Approved By		_____ Date	