



# POSTAL AND PARTNERS Co-operative Credit Union Ltd.

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## PARTNER PLAN SAVINGS APPLICATION FORM

DATE OF APPLICATION:	ACCOUNT #:	TRN
<b>SECTION A - MEMBER INFORMATION</b>		
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
<b>SECTION B - SAVINGS/INVESTMENT DETAILS</b>		
AMOUNT \$	PERIOD OF SAVINGS 16 weeks/4 months [ ] 24 weeks/6 months [ ] 36 weeks/9 months [ ]	INTEREST RATE/RETURNS
<b>Member's Declaration:</b> 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
<b>FOR INTERNAL USE ONLY</b>		
Start Date of Plan: _____ Amount of \$ _____ entered on member's account.		
_____	_____	
Enrollment Taken By	Date	
_____	_____	
Approved By	Date	