



**REQUEST FOR CERTIFICATE**

Primary Name on CD \_\_\_\_\_

Joint Owner (S) \_\_\_\_\_

Beneficiary \_\_\_\_\_

Amount \$ \_\_\_\_\_

Account # \_\_\_\_\_

Funds to come from:  Savings  Checking  Money Market  Check Enclosed

Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone ( \_\_\_\_ ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

*(You will be contacted via e-mail or phone to authenticate request.)*

**CD Term Requested:**

Special Offer		
Term	Rate	APY
5 Months	2.48	2.50

\$500.00 Minimum			\$10,000.00 Minimum			\$25,000.00 Minimum		
Term	Rate	APY	Term	Rate	APY	Term	Rate	APY
90 Days	1.94	1.95	90 Days	1.99	2.00	90 Days	2.03	2.05
6 Months	2.18	2.20	6 Months	2.23	2.25	6 Months	2.28	2.30
12 Months	2.43	2.45	12 Months	2.48	2.50	12 Months	2.52	2.55
24 Months	2.43	2.45	24 Months	2.48	2.50	24 Months	2.52	2.55
36 Months	2.53	2.55	36 Months	2.57	2.60	36 Months	2.62	2.65
48 Months	2.67	2.70	48 Months	2.72	2.75	48 Months	2.77	2.80
60 Months	2.67	2.70	60 Months	2.72	2.75	60 Months	2.77	2.80

Rate: Annual Percentage Rate

APY: Annual Percentage Yield

## **Handling Instructions for CD request**

Please indicate your CD preference by checking the appropriate box next to the desired rate and term.

MAIL signed request to:  
Creighton Federal Credit Union  
2575 Dodge St.  
Omaha, NE 68131  
ATTN: Cres Rogers

FAX signed request to:  
(402) 341-6262  
ATTN: Cres Rogers

Or, you may drop your request at any of our convenient locations.

Please be sure that the request is filled out completely, if you have any questions; please call any of our locations for assistance.

An application without a valid signature by all owners of the CD will be considered void.

Creighton Federal will verify the application via phone or e-mail.