



THE INSURANCE EMPLOYEES CO-OPERATIVE CREDIT UNION LIMITED



# Partner Plan Enrollment Form



Date: \_\_\_\_\_ A/c # \_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_

Email Address (es) \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

Work # \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Plan Option:	Six (6) Months <input type="checkbox"/>	Twelve (12) Months <input type="checkbox"/>
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Hand / Throw Amount: \_\_\_\_\_ (\$)

Contribution Method:	Salary Assignment to CU <input type="checkbox"/>	Salary Deduction <input type="checkbox"/>
	PD Cheques Other <input type="checkbox"/>	OTC Deposits <input type="checkbox"/>

Start Date: \_\_\_\_\_ Partner Draw Date: \_\_\_\_\_

### Terms and Conditions:

- This is a deposit savings account that allows members to have access to funds at the end of a six or twelve months period.
- The account has a monthly fixed savings arrangement.
- Interest is applied to the account, if the terms are adhered to.
- If the contractual arrangement is forfeited, only the amount saved will be paid.
- Minimum to start account is One Thousand Dollars (\$1,000.00).
- Interest earned is subject to withholding tax.
- This type of savings account cannot be used as collateral for any loan.
- In the event of missed deposits due to insufficient salary deduction or otherwise, I understand that I will have to make such deposits over the counter (OTC).

Applicant's Signature \_\_\_\_\_ Credit Union Officer: \_\_\_\_\_



Partner Plan Account Number: _____	Partner Draw Date: _____
Hand / Throw Amt: \$ _____	Credit Union Officer: _____
Applicant's Signature _____	