



Western Regional Office
 19001 S. Western Avenue
 Torrance, CA 90509
 Fax 310-468-3498

Eastern Regional Office
 1001 Cherry Blossom Way
 Georgetown, KY 40324
 Fax 502-868-9716

800-230-3306
 www.toyotafcu.org

STRATEGIC YIELD Certificate Request

Account #: _____

Member Name: _____ Joint Owner: _____

Strategic Yield Certificate rates and yields will depend upon deposit amount and term. Please refer to the Toyota FCU rate sheet for a list of the current rates and yields.

1. Please select term

Certificate Term _____ (choose from 6, 12, 24, 36, 48, 60 or 84 months)

Promotional Certificate: _____
(certificate name and term)

2. Please indicate deposit amount (minimum deposit is \$1,000, except for promotional certificates):

\$ _____

3. Please select dividend payment method (dividends are compounded monthly and paid quarterly):

Add dividends to the certificate principal (default selection)

Transfer dividends to account: savings checking Mail Home

I understand and agree that ownership of the Strategic Yield Certificate shall be established by the most current account signature card on file with Toyota FCU. Any change of ownership must be established by executing a new account signature card.

Signature: _____
(Member)

Date: _____

Signature: _____
(Joint Owner, if applicable)

Date: _____

This section reserved for credit union use only:

DEPOSIT SOURCE:

___ Cash/check from member

___ Transfer from existing Toyota FCU account # _____ savings/checking (circle)

___ Rollover from existing Strategic Yield Certificate # _____ matures on _____

Transaction date: _____ Quoted rate: _____ By # _____