



ACCOUNT No.:
--------------

# STARTER PREMIERE PLAN APPLICATION FORM

## 1. PRIMARY APPLICANT

<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. LAST NAME:		
FIRST NAME:		MIDDLE NAME(S):
DATE OF BIRTH (mm/dd/yyyy):		
NATIONAL REGISTRATION No.:		NATIONAL INSURANCE No.:
PERMANENT ADDRESS: STREET/AVENUE:		
CITY/TOWN:		PARISH/STATE:
ZIP/POSTAL CODE:		COUNTRY:
TELEPHONE No.(s): Home:	Work:	Ext.:
Mobile:		
EMAIL ADDRESS:		

## 2. CO-APPLICANT

Where a co-applicant is being added to the primary applicant's account record, a Joint Account Agreement (Record Level) is required.

<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. LAST NAME:		
FIRST NAME:		MIDDLE NAME(S):
DATE OF BIRTH (mm/dd/yyyy):		
NATIONAL REGISTRATION No.:		NATIONAL INSURANCE No.:
PERMANENT ADDRESS: STREET/AVENUE:		
CITY/TOWN:		PARISH/STATE:
ZIP/POSTAL CODE:		COUNTRY:
TELEPHONE No.(s): Home:	Work:	Ext.:
Mobile:		
EMAIL ADDRESS:		

### TERMS AND CONDITIONS OF THE PLAN ARE AS FOLLOWS:

Term period will be three (3) years  
Minimum account balance will be \$500  
Maximum account balance will be \$3,000.00 – Exclusive of interest credits  
Members will not be permitted to have both the Starter Premiere Plan and Premiere plan on one account.  
Withdrawals are not permitted.

Interest will be paid semi-annually on June 30 and December 31. Additional deposits can be made to the existing balance in a Starter Premiere Plan account provided the total deposits do not exceed the maximum limit.

Starter premiere plans which are closed before maturity will attract the minimum prevailing savings rate for the period from the last interest payment until date of closure.

### 3. MATURITY OF DEPOSIT

At maturity—for balances \$3,000 or greater—the full balance in the Starter Premier Plan will be graduated to a Premiere Plan account at the prevailing interest rate unless we are instructed otherwise by the undersigned.

If at maturity the account balance is less than \$3,000.00, the full balance will be rolled over into a new Starter Premiere Plan at the prevailing interest rate.

### 4. DECLARATION

I/We fully understand and accept the terms and conditions which apply to this account and wish to invest an initial sum of \$ .....

1. SIGNATURE OF APPLICANT: ..... DATE (mm/dd/yyyy): .....

2. SIGNATURE OF CO-APPLICANT: ..... DATE (mm/dd/yyyy): .....

### 5. FOR OVERSEAS APPLICANTS ONLY

#### NOTARIAL CERTIFICATE:

I ....., Notary Public in and for the Country/State/Province/County of .....do hereby CERTIFY that on the day of the date hereof personally came and appeared before me a male/female who identified his/herself to be the within named ..... the executing party to the foregoing written documents who did in my presence duly sign, seal and deliver the same as and for his/her free and voluntary act and deed. Given under my hand and seal this ..... day of .....20 .....

*PLACE NOTARIAL STAMP HERE*

.....  
Notary Public in and for the Country/State/Province/County of .....

### 6. FOR OVERSEAS CO-APPLICANTS ONLY

#### NOTARIAL CERTIFICATE:

I ....., Notary Public in and for the Country/State/Province/County of .....do hereby CERTIFY that on the day of the date hereof personally came and appeared before me a male/female who identified his/herself to be the within named ..... the executing party to the foregoing written documents who did in my presence duly sign, seal and deliver the same as and for his/her free and voluntary act and deed. Given under my hand and seal this ..... day of .....20 .....

*PLACE NOTARIAL STAMP HERE*

.....  
Notary Public in and for the Country/State/Province/County of .....

### FOR OFFICIAL USE ONLY

NAME OF STAFF MEMBER OPENING ACCOUNT (please print):

SIGNATURE OF STAFF MEMBER OPENING ACCOUNT: ..... DATE (mm/dd/yyyy): .....

NAME OF STAFF MEMBER VERIFYING ACCOUNT (please print):

SIGNATURE OF STAFF MEMBER VERIFYING ACCOUNT: ..... DATE (mm/dd/yyyy): .....