



1440 Rosecrans Ave.  
 Manhattan Beach, CA 90266  
 800.854.9846 • www.kinecta.org

Share Certificate  
**RENEWAL/MATURITY REQUEST**

Please print this form, complete, and mail to: Kinecta Federal Credit Union, 1440 Rosecrans Ave., P.O. Box 10003, CU/42, Manhattan Beach, CA 90266-9935

<b>MEMBER INFO</b>	MEMBER NAME (FIRST, MIDDLE, LAST) JR./SR.			
	ACCOUNT NUMBER	SHARE ID		
<b>MATURITY INSTRUCTIONS</b>	MATURITY DATE	AMOUNT \$		
	<input type="checkbox"/> REINVEST UPON MATURITY	TERM		
	<input type="checkbox"/> ISSUE CHECK*	PAYABLE TO		
		ADDRESS		
	<input type="checkbox"/> TRANSFER TO ACCOUNT* In the absence of instructions, amounts will be transferred to my Primary Share Account.	ACCOUNT NUMBER AND SHARE ID		
<input type="checkbox"/> SPECIAL INSTRUCTIONS				

Dividends are posted monthly and at maturity. If no option is selected, dividends will be reinvested.

<b>DIVIDEND INSTRUCTIONS</b>	<input type="checkbox"/> REINVEST	TERM		
	<input type="checkbox"/> ISSUE CHECK*	PAYABLE TO		
		ADDRESS		
<input type="checkbox"/> TRANSFER DIVIDENDS TO ACCOUNT*	ACCOUNT NUMBER AND SHARE ID			
I agree to the terms and conditions of Kinecta Federal Credit Union Share Account Agreements and Disclosures and Truth in Savings Disclosure, both as amended from time to time, which are incorporated herein by reference.				
Member's Signature _____ Date _____				

<b>FOR CREDIT UNION USE ONLY</b>			
RECEIVED BY	USER ID	BR#	DATE
PROCESSED BY	USER ID	BR#	DATE

\*If maturity or dividend instructions are for IRA Certificates, this form must be accompanied by an IRA Withdrawal Statement, unless a transfer is requested to another IRA share type.

