



SHARE CERTIFICATE RENEWAL/MATURITY REQUEST



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

This form is not intended for IRA Certificate use.

MEMBER INFO	MEMBER (OR JOINT OWNER) NAME (FIRST, MIDDLE, LAST) JR./SR.		
	ACCOUNT NUMBER	SHARE ID	
	MATURITY DATE	AMOUNT \$	

MATURITY INSTRUCTIONS	<input type="checkbox"/> Reinvest Upon Maturity	TERM
	<input type="checkbox"/> Issue Check	PAYABLE TO
		ADDRESS
	<input type="checkbox"/> Transfer to 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.

DIVIDEND INSTRUCTIONS	<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 (or Joint Owner's) Signature _____ Date _____

FOR CREDIT UNION USE ONLY			
RECEIVED BY	USER ID	BR#	DATE
PROCESSED BY	USER ID	BR#	DATE