



70 Westview Street  
 Lexington, MA 02421  
 T 781-423-2022 | F 617-258-5709  
 info@mitfcu.mit.edu  
 www.mitfcu.org

## SHARE CERTIFICATE MATURITY REQUEST

**Member Name:** \_\_\_\_\_ **Member Number:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

I would like to make the following changes to my Share Certificate account number \_\_\_\_\_

on its maturity date of \_\_\_\_\_.

- Rollover the full amount into another Share Certificate of the same term.  
*If the same term is not available, I would like MIT FCU to rollover the full amount into a similar term Share Certificate, which is not longer than the original term.*
- Return the full amount to me via check.
- Transfer the full amount into my MIT FCU account number: \_\_\_\_\_
- Other:* \_\_\_\_\_

\_\_\_\_\_  
**Member Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Joint Member Signature**

\_\_\_\_\_  
**Date**