



# 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 STARTER PREMIER PLAN (THE "PLAN") ARE AS FOLLOWS:

- a) The Plan must be started with a **minimum** of \$500.
- b) The **maximum** balance on the Plan will be \$3,000 (inclusive of interest credits).
- c) When the balance of the Plan reaches \$3,000 (inclusive of interest credits), the Plan will be automatically converted to the regular **Premiere Plan** offered by Barbados Public Workers' Co-Operative Credit Union (the "**Credit Union**") at the prevailing interest rates.
- d) Notwithstanding (c) above, the Plan will mature 3 years from the date of opening. The Plan holder will be notified in writing at least one month prior to the Plan's maturity and will be asked to indicate which option he/she would like to exercise when the Plan matures. The options provided shall be as follows:
  - i. Withdraw all of the funds from the Plan;
  - ii. Convert the Plan to a Premiere Plan [if the balance of the plan (inclusive of interest) is equal to or more than \$3,000]; or
  - iii. Roll over the Plan into another Starter Premiere Plan [if the balance of the plan (inclusive of interest) is less than \$3,000].If the Plan holder does not indicate to the Credit Union the option that he/she has chosen before the Plan matures, the plan will automatically be:
  - i. converted to a Premiere Plan at the prevailing interest rate [if the balance of the plan (inclusive of interest) is equal to or more than \$3,000]; or
  - ii. rolled over into another Starter Premiere Plan [if the balance of the plan (inclusive of interest) is less than \$3,000].
- e) The Plan holder will **not** be permitted to have both the Starter Premiere Plan and Premiere plan on the same account.
- f) The Plan holder will not be permitted to have more than one Starter Premiere Plan on the same account.
- g) Withdrawals from the Plan will not be permitted.
- h) Interest will be paid to the Plan semi-annually on June 30 and December 31.
- i) Additional deposits can be made to the Plan provided that the total deposit does not increase the Plan's balance beyond the \$3,000 maximum (inclusive of interest credits).
- j) 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. 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): .....

### 4. 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 .....

### 5. 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): .....