



Credit Union Share Certificate Maturity Instruction

Please use this form if you would like to provide or make any changes to your Certificate maturity instructions. Processing may take 3 business days after maturity to complete. The renewal rate has not yet been determined and will be established on the date of maturity. You have 21 calendar days from the maturity date to change the conditions under which the Certificate will be renewed.

Please complete, print, and sign the Certificate maturity instruction form. You may send the signed request as an attachment to your eMessage, fax to 1-703-206-4250, bring to a local branch office, or mail to Navy Federal Credit Union, P.O. Box 3001, Merrifield, VA 22119-3001.

To continue growing your savings, consider renewing to one of our **Featured** products. For more product information and current rates, visit us online at navyfederal.org/certificates or by phone at 1-888-842-6328.

If you have any questions while completing this form, or need more information or current rates, please contact a Certificate specialist at 1-888-842-6328 between 7:30 am and 11:00 pm, Eastern Time, Monday through Saturday. For toll-free numbers when overseas, visit navyfederal.org.

For more information on Certificate renewal options regarding products available through Navy Federal Investment Services, call us at 1-877-221-8108 to speak with a financial advisor or visit navyfederal.org/financial-group.

Certificate Maturity Instructions

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|--|-------------------------|--------------------------------------|
| Member's Name | Certificate Account No. | Certificate Maturity Date (MM/DD/YY) |
| Please check the appropriate box(es): | | |
| <input type="checkbox"/> At maturity, renew the Certificate for \$ _____ with a term of _____ months or _____ years. | | |
| <input type="checkbox"/> Transfer funds from/to Navy Federal account number _____. | | |
| <input type="checkbox"/> A check for \$ _____ is enclosed. | | |
| <input type="checkbox"/> Transfer the entire balance at maturity to Navy Federal account number _____. | | |
| <input type="checkbox"/> Send me a check for the entire balance at maturity. | | |
| <input type="checkbox"/> Change my periodic transfer to \$ _____, starting on _____. | | |
| <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly (<i>Eligible Certificates only</i>) | | |
| Member Signature or Joint Owner (If any) ► | Telephone No. | |
| Email Address | Date (MM/DD/YY) | |

