

# Life Long Savings Account Application (Deposit of Funds)



**JPS & PARTNERS**  
CO-OPERATIVE CREDIT UNION LTD.  
Your Financial Partner For Life

**HALF WAY TREE**  
65 ½ Half Way Rd.  
Kingston 10

**KIRKVINE**  
Kirkvine Works  
Kirkvine P.O.  
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**EWARTON**  
Ewarton Works  
Ewarton P.O.  
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**OCEAN BOULEVARD**  
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Name: \_\_\_\_\_

First

Middle

Last

Identification Type: \_\_\_\_\_ Identification #: \_\_\_\_\_

Account #: \_\_\_\_\_ TRN: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

Email: \_\_\_\_\_

I \_\_\_\_\_, hereby request that the sum of \_\_\_\_\_  
\_\_\_\_\_ dollars (\$ \_\_\_\_\_) be  
transferred to a Life Long Savings Account.

### I understand and agree to the following terms:

- The total amount deposited into this account shall not exceed One Million Dollars (\$1,000,000) per calendar year.
- All deposits made into this account must remain in the account for a minimum period of five (5) years.
- During the five-year period, I may withdraw up to seventy-five percent (75%) of the quarterly interest earned.
- At the end of the five-year term, provided all conditions above have been met, I will be eligible to receive the full maturity balance tax-free, and the account will be closed.
- If a withdrawal is made in excess of the seventy-five percent (75%) quarterly interest earned, the savings will then be subjected to tax and the account closed.
- Upon closure the funds will be transferred to my special deposit where I may opt to open a new Life Long Savings Account using the maturity proceeds, subject to the One Million.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

### Authorization

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_