



POSTAL AND PARTNERS Co-operative Credit Union Ltd.

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YOUTH EDUCATOR SAVINGS (YES) APPLICATION FORM

DATE OF APPLICATION:		ACCOUNT NUMBER: (Internal Use Only)	
SECTION A - CHILD MEMBER INFORMATION			
CHILD/STUDENT FIRST NAME	MIDDLE NAME	LAST NAME	
DATE OF BIRTH	GENDER MALE [] FEMALE []	EMAIL ADDRESS	
HOME ADDRESS			
SECTION B - PARENT/GUARDIAN – MEMBER INFORMATION			
FIRST NAME	MIDDLE NAME	LAST NAME	
RELATION TO THE CHILD	CONTACT NUMBER	EMAIL ADDRESS	
HOME ADDRESS			
SECTION C - SAVINGS INFORMATION			
SAVINGS CATEGORY BRONZE - \$2,500.00 P/M [] SILVER - \$5,000.00 P/M [] GOLD - \$10,000.00 []			
UPON MATURITY: Place funds in: Postal Harvest Savings Plan [] Regular Savings [] Shares []			
_____ Applicant Signature		_____ Date	
_____ Parent/Guardian/Member Signature		_____ Date	
FOR INTERNAL USE ONLY			
Start Date of Plan: _____ Amount of \$ _____ entered on member's account.			
<i>Documents Received and verified</i>			
Birth Certificate [] Parent ID [] Passport size picture [] Marriage Certificate (For legal step parents) []			
_____ Enrollment Taken By		_____ Date	
_____ Approved By		_____ Date	