



APPLICATION FORM

I am 55 or older and would like to join Territorial Savings Club 55. I understand I must open or have an existing savings or checking account at Territorial Savings Bank to qualify as a Club member and be eligible for all benefits and services.

Please Print

Name

Street Address

City, State, Zip Code

Phone (Home) (Work)

Email Address

Birth Date Application Date

Signature

Take or mail to the Territorial branch nearest you.

<i>For Office Use</i>			
CIF Number	Branch	Accepted by	SDB

*Your savings account will be assessed a service fee if you do not make at least one transaction every 3 years. Your checking account will be assessed a dormant service fee if your account does not have at least one transaction within six months.