

Slovak Catholic Sokol

A tradition of providing sound financial protection and benefits to our members.

APPLICATION FOR SOKOL SECURE FUND- *a Fraternal Benefit*

Organization: _____

Address: _____

Federal Tax Identification Number: _____ Date: _____

Contact Phone Number: _____ Initial Deposit: \$ _____

President (Print)

President Signature

Treasurer (Print)

Treasurer Signature

For Slovak Catholic Sokol Home Office Use Only. Please do not write below.

Account Number: _____ Initial Interest Earned: _____% APY

The Slovak Catholic Sokol acknowledges the receipt \$_____. This said amount to be held by the Slovak Catholic Sokol as trustee for your organization in the Sokol Secure Fund. The initial deposit shall be no less than \$5,000 and the minimum account balance no less than \$4,000.

The interest rate payable is compounded daily and applied monthly. The Slovak Catholic Sokol Board of Directors shall determine the interest rate paid according to the fiscal conditions in the market place and is guaranteed not to be less than 1.00% APY. These funds are not insured by the FDIC.

Your not-for-profit organization: 1) shall have the right to invest or withdraw funds on deposit, in amounts of not less than \$100, 2) Withdraw the entire amount on deposit upon written request received by the Supreme Secretary of the Slovak Catholic Sokol and 3) This Deposit Agreement and any withdrawal request must be signed by the President and Treasurer of the organization.

Dated at Passaic, NJ this ____ day of _____, 20____

By: _____