**Section 750.APPENDIX C Account Enrollment Form**

ACCOUNT ENROLLMENT FORM

|  |  |
| --- | --- |
| Owner's Name (First, Initial, Last) |  |
|  | - |  | - |  |  |
| Owner's Social Security Number |  | Date of Birth |  |
|  |  |  |  |
| Street or P.O. Box Number |  | Phone |
|  |  |  |
| City | State | Zip |  |  |
|  |  |  |
| Joint Owner's Name (First, Initial, Last) |  |  |
|  | - |  | - |  |  |  |  |
| Joint Owner's Social Security Number |  | Date of Birth |
|  |  |  |  |
| Street or P.O. Box Number |  | Phone |
|  |  |  |
| City | State | Zip |  |  |
|  |  |  |  |  |
| Date of Enrollment: |  |  |
| Initial Account Balance: |  |  |
| Check One: |  |  |
| [ ]  | New H.O.M.E. Saver |  |  |
| [ ]  | Transferred account |  |  |
|  |  |  |  |  |
| Investment type: |  |  |  |
| Deposit method: |  |  |  |
| Program Depository Name: |  |  |  |

I/We hereby authorize the Program Depository to disclose to the Treasurer's Office such information as is necessary for verification of Program participation.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  |  |  |
| Signature |  |  |  |

(Source: Amended at 22 Ill. Reg. 15631, effective August 24, 1998)