**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)