

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Your Phone Number]  
[Your Email Address]

[Date]

[Bank Name]  
[Bank Address]  
[City, State, Zip Code]

**Subject: Application for Joint High-Yield Certificate of Deposit (CD) Enrollment**

To the Account Management Department,

We are writing to formally apply for the opening of a Joint High-Yield Certificate of Deposit (CD) account at your institution.

Please find the proposed account details below:

- **Primary Applicant Name:** [Full Name]
- **Secondary Applicant Name:** [Full Name]
- **CD Term:** [e.g., 12 Months, 24 Months]
- **Initial Deposit Amount:** \$[Amount]
- **Funding Source:** [Existing Account Number or Attached Check]

We have attached the required identification documents, including copies of our government-issued IDs and proof of address, as per your bank's requirements. We understand that this account will be held under "Joint Tenants with Right of Survivorship" unless otherwise specified in your formal application documents.

Please let us know if there are any additional forms to sign or further information required to finalize the enrollment. We look forward to your confirmation once the account is active.

Sincerely,

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[Primary Applicant Signature]

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[Secondary Applicant Signature]