



**AUTHORIZATION TO RETAIN 10%
FOR TAXES ON EARNED INTERESTS**

Member's Name

Social Security No.

Member's No.

I. AUTHORIZATION AND PRINCIPAL ACCOUNT

I authorize the Cooperativa de Ahorro y Crédito Rafael Carrión Jr. to retain 10% of all interests I earn in my deposit accounts, and to submit such retention directly to the Honorable Puerto Rico Treasury Secretary. This authorization will be in effect from the date of signing until it is canceled by me, in writing.

The account I want the 10% of all interests earned be retained is my regular savings account.

II. GENERAL INFORMATION AND MEMBER'S SIGNATURE

I understand that the Cooperativa de Ahorro y Crédito Rafael Carrión Jr. will apply the corresponding exemption and retention only to the member whose name, address and Social Security number appear in this authorization.

Address: _____

_____ Zip Code _____

Telephone: _____

III. CANCELLATION OF RETENTION

I authorize the Cooperativa to cancel the retention of non-exempt interests I earn in my savings account.

Member's Signature

Date

Authorized Signature

Date