

SAVE & MATCH

PARTICIPANT APPLICATION



Member Name: _____

Account #: _____

The Save and Match program is a one-time initiative designed to help members grow their savings while gaining valuable financial education. Upon successful completion, participants will receive a dollar-for-dollar match on their \$400 savings, with a maximum match of \$400.00.

The program requirements are:

- 1** Review and sign this Program Participant agreement during the enrollment period of February 1- March 31, 2026. Open a Save and Match Account.
- 2** Must be a MariSol Federal Credit Union member and at least 18 years old.
- 3** Participant agrees to share their savings goals and provide information about their ability to save.
- 4** Participants agree to complete a survey after successful completion of the program.
- 5** Program Period is February 1, 2026, through July 31, 2026.
- 6** The savings account cannot be funded with loan proceeds.
- 7** MariSol will allow for funding to be completed at any time during the program period and will not require a minimum monthly deposit due to the required \$400.00. If the \$400.00 is fully funded on day one, the account must remain open until the match is deposited.
- 8** Participants cannot make any withdrawals during the program. No withdrawals include a withdrawal on one day and then re-deposited the following day.
- 9** Participants must complete two required GreenPath financial education modules by July 31, 2026, to qualify for the savings match. MariSol will provide a list of short online classes offered at account opening.
- 10** The \$1 to \$1 match will be capped at \$400 per member.
- 11** Matched funds will be deposited into the members' Save and Match account at the conclusion of the program and will be available to the members by August 31, 2026.
- 12** There are no restrictions on the use of funds at the end of the program.
- 13** The program is a one-time MariSol Federal Credit Union initiative. Once the program concludes, no additional match contributions will be made.

By signing this document, you acknowledge that you understand how to complete the program based on the information provided. Failure to follow the program requirements will result in disqualification from the program.

Signature: _____

Date: _____

QUESTIONNAIRE

My savings goal is:

Please rate the statements below: **1-Not at all 2-Somewhat agree 3-Fully agree**

- 1** I currently have enough in my savings account to cover my monthly expenses. Rating _____
- 2** I am able to put money aside monthly for a future purchase or emergency. Rating _____