



450 Rt. 8 Maite, Guam 96910  
 T 671.477.8736  
 coast360fcu.com

# BUSINESS & NON-PERSONAL APPLICATION & ACCOUNT AGREEMENT

**Important information about opening a new account.** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

<input type="checkbox"/> New Membership	<input type="checkbox"/> Secondary Account	<input type="checkbox"/> Account Change	Member No. _____
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## BUSINESS & NON-PERSONAL MEMBER INFORMATION

Account Name			
Physical Address		City, State	Zip Code
Mailing Address		City, State	Zip Code
TIN/EIN	Date of Organization	Place of Organization	Previous Financial Institution
Type of Business	Email/Website	Office Phone	Fax No. NAICS Code

## OWNERSHIP OF ACCOUNT

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation - Not for Profit	<input type="checkbox"/> Unincorporated Organizations/Clubs
<input type="checkbox"/> Corporation - For Profit	<input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Estates/Trusts	<input type="checkbox"/> Other _____

## ACCOUNT TYPE

<input type="checkbox"/> Business Share Savings	<input type="checkbox"/> Business Value Checking	<input type="checkbox"/> Business Money Market Share
<input type="checkbox"/> Term Share	<input type="checkbox"/> Jumbo Term Share	

## SIGNATURES & CERTIFICATIONS

### BACKUP WITHHOLDING CERTIFICATION - Check box (A) only if true or (B) below

- (A)  **By signing below, I certify under penalties of perjury that** I am a U.S. citizen or other U.S. person (including a U.S. resident alien), and that (1) the Taxpayer Identification Number (TIN) shown above is my correct TIN and (2) I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends or the Internal Revenue Service has notified me that I am no longer subject to backup withholding or (3) I am an exempt recipient under the IRS regulations.
- (B)  A separate W-9 has been completed (or W-8 in the case of a non-resident alien).

By signing below, the undersigned agree to the by-laws of this Credit Union and applicable terms and conditions, as amended from time to time; to pay any membership or entrance fee; and authorize the Credit Union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency on the undersigned, as individuals. The undersigned certify that the information provided on this agreement is true and correct and that the terms on this agreement apply to all listed accounts. The undersigned acknowledge receipt of a copy of the terms and conditions applicable to each marked account and the following policy disclosures.

<input type="checkbox"/> Terms & Conditions	<input type="checkbox"/> Funds Availability	<input type="checkbox"/> Privacy	<input type="checkbox"/> Other: _____
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### AUTHORIZED SIGNERS

(1) Name	Title	Signature
(2) Name	Title	Signature
(3) Name	Title	Signature
(4) Name	Title	Signature

Number of Signatures Required for Withdrawal \_\_\_\_\_

FACSIMILE SIGNATURES - The signature(s) on line(s) \_\_\_\_\_ represent an authorized facsimile signature.

## PERSONS AUTHORIZED TO RECEIVE ACCOUNT INFORMATION

Name	Address	SSN/TIN	Date of Birth
Name	Address	SSN/TIN	Date of Birth



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### OWNERS/SIGNERS INFORMATION

(1) Name					Title/Relationship to Account				
Physical Address					City, State			Zip Code	
Mailing Address					City, State			Zip Code	
SSN/TIN	Date of Birth	Citizenship	ID Type	ID No.	Country of Issuance		Issue Date	Expiry Date	
Employer Name				Employer Address					
Occupation			Work Phone	Home Phone	Mobile Phone	Email Address			

(2) Name					Title/Relationship to Account				
Physical Address					City, State			Zip Code	
Mailing Address					City, State			Zip Code	
SSN/TIN	Date of Birth	Citizenship	ID Type	ID No.	Country of Issuance		Issue Date	Expiry Date	
Employer Name				Employer Address					
Occupation			Work Phone	Home Phone	Mobile Phone	Email Address			

(3) Name					Title/Relationship to Account				
Physical Address					City, State			Zip Code	
Mailing Address					City, State			Zip Code	
SSN/TIN	Date of Birth	Citizenship	ID Type	ID No.	Country of Issuance		Issue Date	Expiry Date	
Employer Name				Employer Address					
Occupation			Work Phone	Home Phone	Mobile Phone	Email Address			

(4) Name					Title/Relationship to Account				
Physical Address					City, State			Zip Code	
Mailing Address					City, State			Zip Code	
SSN/TIN	Date of Birth	Citizenship	ID Type	ID No.	Country of Issuance		Issue Date	Expiry Date	
Employer Name				Employer Address					
Occupation			Work Phone	Home Phone	Mobile Phone	Email Address			

### CREDIT UNION USE ONLY

Date Opened		Opened by		Doc Rev/Credit Report		Initial Amount		Form/Cash	
<input type="checkbox"/> OFAC	<input type="checkbox"/> NAVS	<input type="checkbox"/> MDD	<input type="checkbox"/> SDD	Processed by		Date		Approved by	
								Date	