



CoinDexter Club

Membership Application



121 Robat Street Maite, Guam 9691
www.ggefcu.com

My Information (joint owner required)

Your name		Your phone number		Joint owner		Home phone	
Your street number				Street number			
City		State		Zip code		City	
State		Zip code		City		State	
City		State		Zip code		Zip code	
Your mailing address				Mailing address			
City		State		Zip code		City	
State		Zip code		City		State	
City		State		Zip code		Zip code	
Your birthday		Social security Number		Birthday		Social security Number	
Your mother's maiden name				Mother's maiden name			
Your 1 st ID				Your 1 st ID			
Your 2nd ID				Your 2nd ID			
Beneficiary(ies): In the event of my death, or if there is more than one owner on this account, in the event of death of all the owners, the owner(s) hereby designate as my/our beneficiary(ies) to receive all sums in my/our account established on this form.							
Name of beneficiary		Phone number		Name of beneficiary		Phone number	
Address of beneficiary				Address of beneficiary			

Additional Information

Name of Elementary or Middle School currently attending: _____

Grade: _____ Email Address: _____

TIN Certification and backup withholding information

Under penalty of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number, (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Services (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident).

Acknowledgement & Signature

By signing below I/we agree to conform to all Government of Guam Employees Federal Credit Union terms, conditions and disclosures pertaining to all Government of Guam Employees Federal Credit Union accounts and services now, and in the future. I acknowledged receipt of a Truth-in-Saving Rate and Fee Schedule and Disclosures, applicable to the accounts and services requested herein. I/we authorize the credit union to obtain credit information from any source necessary.

X _____ X _____
Signature Date Joint owner signature Date

Credit Union use only	Membership date:	Opened by:	Membership officer:
Bridger:			
Account number		SEG number	