



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

kids360 MEMBER 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.

Account Opening Checklist

- Member Application Form Valid Government-Issued Photo ID & Birth Certificate (for minor)
 Legal Guardianship Documents (if applicable) Social Security Card

KIDS360 MEMBER AND ACCOUNT AGREEMENT (Age 5 to 12 years old)

- New Membership Club Account Account Change Member No. _____

PRIMARY OWNER (Minor's Information)

Name: First			Middle			Last			
Physical Address						City, State		Zip Code	
Mailing Address						City, State		Zip Code	
SSN/TIN		Date of Birth		Citizenship		Mother's Maiden Name		Gender (Optional) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Primary ID Type	ID No.	Country of Issuance	Issue Date	Exp. Date	Secondary ID Type	ID No.	Country of Issuance	Issue Date	Exp. Date

OWNERSHIP OF ACCOUNT

The ownership type for this account is a Joint Ownership with Rights of Survivorship. If applicable, include a beneficiary designation below.
BENEFICIARIES: PAY ON DEATH DESIGNATION as defined in the Account Terms and Conditions.

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

ACCOUNT TYPE

- Regular Share Savings (Membership requires a regular share savings account and the maintenance of \$5.00 par value) Summer Club Account Christmas Club Account

ACCESS & ACCOUNT SERVICE OPTIONS

- PRD Membership Card Coast Online (Online Banking) *Inquiries only.*

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 Credit Union by-laws and the terms and conditions of any approved account, as amended from time to time, 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 application is true and correct and that the terms 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.

- Terms & Conditions Truth in Savings Privacy Electronic Fund Transfers Funds Availability Other _____

(1) Primary Owner's Signature	Date	Member/Account No.	
(2) Joint Owner's Signature	Date	Relationship to Primary Owner	Member/Account No.
(3) Joint Owner's Signature	Date	Relationship to Primary Owner	Member/Account No.



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JOINT OWNERS (Parent or Legal Guardian and Coast360FCU Member)

Joint owner must have a primary membership share.										Member No.	
Name: First			Middle				Last				
Physical Address							City, State			Zip Code	
Mailing Address							City, State			Zip Code	
SSN/TIN			Date of Birth		Citizenship		Mother's Maiden Name			Gender (Optional) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Primary ID Type	ID No.	Country of Issuance	Issue Date	Exp. Date	Secondary ID Type	ID No.	Country of Issuance	Issue Date	Exp. Date		
Employer Name				Employer Address							
Occupation			Work Phone		Home Phone		Mobile Phone		Email Address		

Joint owner must have a primary membership share.										Member No.	
Name: First			Middle				Last				
Physical Address							City, State			Zip Code	
Mailing Address							City, State			Zip Code	
SSN/TIN			Date of Birth		Citizenship		Mother's Maiden Name			Gender (Optional) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Primary ID Type	ID No.	Country of Issuance	Issue Date	Exp. Date	Secondary ID Type	ID No.	Country of Issuance	Issue Date	Exp. Date		
Employer Name				Employer Address							
Occupation			Work Phone		Home Phone		Mobile Phone		Email Address		

REFERENCES

Provide the name, address and other contact information of someone other than the owners on this account who will always know your location.											
Name											
Address							City, State			Zip Code	
Relationship to Member				Work Phone		Home Phone		Mobile Phone		Other	

CREDIT UNION USE ONLY

Date Opened		Opened by			Initial Amount		Form <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Other _____				
<input type="checkbox"/> OFAC	<input type="checkbox"/> MDD	<input type="checkbox"/> SDD	Processed by		Date		Approved by			Date	