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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.

☐ New Membership ☐ Secondary Account ☐ Account Change Member No. _____

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

☐ Sole Proprietorship ☐ Partnership ☐ Corporation - Not for Profit ☐ Unincorporated Organizations/Clubs
☐ Corporation - For Profit ☐ Limited Liability Co. ☐ Estates/Trusts ☐ Other _____

ACCOUNT TYPE

☐ Business Share Savings ☐ Business Value Checking ☐ Business Money Market Savings
☐ Share Certificate ☐ Jumbo Term Share Certificate

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.

☐ Terms & Conditions ☐ Funds Availability ☐ Privacy ☐ Other: _____

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