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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.

New Membership
 Secondary Account
 Account Change
 Member No. _____

PRIMARY OWNER'S INFORMATION

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

OWNERSHIP OF ACCOUNT

Select one ownership type and, if applicable, include a beneficiary designation. The ownership type and beneficiary designation on this document will remain the same for the account type marked below.

Individual
 Joint Account (with rights of survivorship)
 Other _____
 BENEFICIARIES: TOTTEN TRUST or 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
 Value Checking
 Money Market Savings
 Club Account
 Share Certificate
 Jumbo Share Certificate
 IRA Share Savings
 IRA Share Certificate
 IRA Jumbo 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 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/Agent Signature	Date	Member/Account No.
(3) Joint Owner/Agent Signature	Date	Member/Account No.
(4) Joint Owner/Agent Signature	Date	Member/Account No.

AGENTS - The Individual signing above on Line _____ is signing as

Parent/Guardian
 Authorized Signer
 Other _____

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ACCESS & ACCOUNT SERVICE OPTIONS

- | | |
|--|---|
| <input type="checkbox"/> PRD/Direct Deposit <input type="checkbox"/> Overdraft Protection
<input type="checkbox"/> Debit/ATM Card | <input type="checkbox"/> Coast Online (online banking)
<input type="checkbox"/> Coast by Phone (phone banking) |
|--|---|

JOINT OWNERS/AGENT INFORMATION

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

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

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

REFERENCES

Provide the name, address and other contact information of someone 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		Cash
ACCOUNT SERVICES:		<input type="checkbox"/> PRD/Dir Dep	<input type="checkbox"/> Debit/ATM Card	<input type="checkbox"/> OD Protection	<input type="checkbox"/> Coast Online	<input type="checkbox"/> Coast by Phone			
<input type="checkbox"/> OFAC	<input type="checkbox"/> NAVS	<input type="checkbox"/> MDD	<input type="checkbox"/> SDD	Processed by	Date	Approved by		Date	