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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 Share     
  Christmas Club     
  Term Share  
 Jumbo Term Share     
  IRA Share Savings     
  IRA Term Share     
  IRA 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 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 \_\_\_\_\_

## MEMBER APPLICATION & ACCOUNT AGREEMENT

### ACCESS & ACCOUNT SERVICE OPTIONS

- |  |   |
|--|---|
| <input type="checkbox"/> PRD/Direct Deposit <input type="checkbox"/> Overdraft Protection<br><input type="checkbox"/> Debit/ATM Card | <input type="checkbox"/> Coast Online (online banking)<br><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
<b>ACCOUNT SERVICES:</b>		<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	