CoastHills FEDERAL CREDIT UNION

Acct:

MEMBER ACCOUNT INFORMATION

Last Name	First Name	Middle
Address	City	State/Zip
Date of Birth	Social Security #	Home Phone
Employer's Name		Work Phone
Occupation		Email Address
Driver's License/ID	Issue Date	Exp. Date
ChexSystems		OFAC

ELIGIBILITY Live Work Worship School Family

Please line through Joint Owner boxes that are left blank.

Joint Owner #1

Last Name	First Name	Middle
Address	City	State/Zip
Date of Birth	Social Security #	Home Phone
Employer's Name		Work Phone
Occupation		Email Address
Driver's License/ID	Issue Date	Exp. Date
ChexSystems		OFAC

Joint Owner #2

Last Name	First Name	Middle
Address	City	State/Zip
Date of Birth	Social Security #	Home Phone
Employer's Name		Work Phone
Occupation		Email Address
Driver's License/ID	Issue Date	Exp. Date
ChexSystems		OFAC
Quality Controlled by		Date

TO BE COMPLETED BY COASTHILLS

☐ New ☐ Updated

BASIC SHARE (SAVINGS) ACCOUNT

Share ID
Open Date
User ID

CHECKING ACCOUNT

Share ID
Open Date
User ID

ADDITIONAL SHARE ACCOUNT

Share Description
Share ID
Open Date
User ID

ACCOUNT INFORMATION

The person(s) signing this card agree(s) to the Account Agreements titled, "About Your Credit Union Accounts."

I/We have received a copy of the disclosures of the account(s) and agree to the provisions therein.

All income earned on this account will be reported under the Taxpayer Identification Number listed below.

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

Under penalties of perjury, I certify that:

I. The number shown on this form is my correct Taxpayer Identification Number (Social Security Number):

II. Please check ONE of the following boxes:

☐ My accounts at financial institutions are NOT subject to backup withholding under IRS code Sections 3406(a)(l)(c)

☐ My accounts at financial institutions ARE subject to backup withholding

III. Please check ONE of the following boxes:

☐ I AM a U.S. PERSON (includes Resident Alien)

☐ I AM NOT a U.S. PERSON (includes Non-Resident Aliens. Must include a W-8BEN)

I hereby make application for (Please check one of the following boxes):

☐ Membership,

☐ Shares held in an Individual Retirement or Health Savings Account,

☐ Additional shares held separately from my Membership,

☐ Shares held as (circle one) trustee(s)/custodian(s) agree to conform to the By-Laws or amendments of CoastHills Federal Credit Union. All funds in this account are held as trustee(s) of:

_____ Trust Dated _____

Member Signature Date

Joint Owner's Signature (#1) Date

Joint Owner's Signature (#2) Date

Approved on _____ By _____

Date Membership Officer

Rev 03/25/2011