



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 e-mail address

Driver's Lic#/I.D.# (State) Issue Date Exp. Date

Eligibility: Live Work Worship School Family

Please line through any 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 e-mail address

Driver's Lic#/I.D.# (State) Issue Date Exp. Date

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 e-mail address

Driver's Lic#/I.D.# (State) Issue Date Exp. Date

TO BE COMPLETED BY COASTHILLS

BASIC SHARE (SAVINGS) ACCOUNT
Share ID _____
Open Date _____
User ID _____
ChexSystems _____
OFAC _____
Right thumbprint(s) _____

CHECKING ACCOUNT
Book# _____
I select Overdraft Protection as _____ Share ID _____
Follows: _____ Open Date _____
1st _____ User ID _____
Share/Loan & ID Description _____ ChexSystems _____
2nd _____ OFAC _____
Share/Loan & ID Description _____

ADDITIONAL SHARE ACCOUNT
Share ID _____
Share Description _____ Open Date _____
User ID _____
ChexSystems _____
OFAC _____

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)(1)(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.
- I AM NOT a U.S. PERSON (includes Non-Resident and 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's Signature Date

Joint Owner's Signature (#1) Date

Joint Owner's Signature (#2) Date

Approved on _____ By _____
Date Membership Officer