



450 Rt. 8 Maite, Guam 96910
 T 671.477.8736
 coast360fcu.com

teen360 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.

- Account Opening Checklist**
- | | |
|--|---|
| <input type="checkbox"/> Member Application Form | <input type="checkbox"/> Valid Government-Issued Photo ID & Birth Certificate (for minor) |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Legal Guardianship Documents (if applicable) |

TEEN360 MEMBER AND ACCOUNT AGREEMENT (Age 13 to 17 years old)

- New Membership
 Checking (Share Draft)
 Club Account
 Account Change
 Member No. _____

PRIMARY OWNER (Minor's Information)

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

OWNERSHIP OF ACCOUNT

The ownership type for this account is a Joint Ownership with Rights of Survivorship. If applicable, include a beneficiary designation below.

BENEFICIARIES: 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 (Membership requires a regular share savings account and the maintenance of \$5.00 par value)
 Summer Club Account
 Christmas Club Account
 Value Checking

ACCESS & ACCOUNT SERVICE OPTIONS

- | | | |
|---|---|--|
| <input type="checkbox"/> PRD/Direct Deposit | <input type="checkbox"/> Overdraft Protection | <input type="checkbox"/> Coast Online (Online Banking) |
| <input type="checkbox"/> Debit/ATM Card (Complete Visa Debit Application) | <input type="checkbox"/> Coast by Phone (Phone Banking) <i>Initial password will be provided.</i> | |

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's Signature	Date	Relationship to Primary Owner	Member/Account No.
(3) Joint Owner's Signature	Date	Relationship to Primary Owner	Member/Account No.



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JOINT OWNERS (Parent or Legal Guardian and Coast360FCU Member)

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

Joint owner must have a primary membership share.										Member No.	
Name: First			Middle				Last				
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Primary ID Type	ID No.	Country of Issuance	Issue Date	Exp. Date	Secondary ID Type	ID No.	Country of Issuance	Issue Date	Exp. Date		
Employer Name			Employer Address								
Occupation			Work Phone		Home Phone		Mobile Phone		Email Address		

REFERENCES

Provide the name, address and other contact information of someone other than the owners on this account 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 <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Other _____	
<input type="checkbox"/> OFAC <input type="checkbox"/> NAVS <input type="checkbox"/> MDD <input type="checkbox"/> SDD		Processed by		Date		Approved by _____ Date	