Coastline Federal Credit Union Membership Application

___ Share Savings ___ Share Draft (Checking) ___ Money Market
___ Christmas Club ___ Custom Shares _____

Please Print Date: _____

_____
Last Name First Name Middle Name

_____
Street Address City State Zip

_____
E-Mail Address Mother's Maiden Name

_____
SS# / TIN# Birth date Home Phone

_____
Driver's License # State Issued

_____
Employer's Name Work Phone #

_____
Source of Eligibility How did you hear about Coastline?

_____
Name of Closest Relative (Not living with you)

_____
Street Address City State Zip

_____
Relationship to You Home Phone #

Payable on Death Beneficiary Designation For Shares

_____ _____
Name Name

_____ _____
Street Address Street Address

_____ _____
City State Zip City State Zip

I designate the above as my beneficiary(ies), if living, to receive all monies constituting the balance of my Share Savings Account. Please furnish copies of current driver's license and social security card.

I/We hereby make application for membership in Coastline Federal Credit Union and agree: (A) to conform to its bylaws and amendments thereof: (B) to subscribe for at least one (1) share; and (C) I expressly agree that the account is subject to the payment of fees adopted from time to time by the credit union. I further certify that I am in the Coastline Federal Credit Union field of membership.

Under penalties of perjury, I certify (1) that the taxpayer identification number shown on this form is my correct identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholdings as a result of a failure to report all interest or dividends, or Internal Revenue Service has notified me that I am no longer subject to backup withholding and (3) I am a U.S. person (including a U.S. resident alien). If you have been notified by the IRS that you are subject to backup withholding due to payee underreporting and have not been notified by IRS that the backup withholding is terminated, you should strike out the language in clause (2) of the above certification statement. Cross out item 3 and complete a W-8 Ben if you are not a U.S. person.

- I understand that if I do not provide an accurate taxpayer identification number to the credit union within 60 days, the credit union is required to withhold 31% of all reportable payments thereafter made to me until I provide an accurate number.
- A consumer credit report and /or verification through Chexsystems may be obtained for verification or evaluation purposes.

Individual Owner: Entitled to full services of the credit union

Joint Owner: Authorized to make deposits and withdrawals on your account, with right of survivorship. Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans from the credit union. This agreement shall not be changed or terminated except by written notice to the credit union, which shall not affect transactions heretofore made.

- I understand this membership application covers services which are disclosed in our "Understanding Our Relationship" Brochure.
- I acknowledge that the disclosures have been or will be furnished to me by the credit union; I further agree that if I do not receive the credit union accounts disclosures, I will notify the credit union and request my copy.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Today's Date: _____

_____

Member's Signature SS# Birth date

_____
Joint Owner's Signature **SS#** **Birth date**

_____
Joint Owner's Signature **SS#** **Birth date**

_____
CFCU Membership Officer **Date**

Revised 3/21/06