

Individual Account Joint Account Date: _____ Account Number: _____

PRIMARY MEMBER INFORMATION

Last Name: _____	First Name: _____ Middle: _____
Street: _____	City: _____
State: _____	Zip: _____ SSN#: _____
Mailing Address : _____	City: _____
State: _____	Zip: _____
Birthdate: _____	Home Phone: _____ CELL Phone: _____
E-mail: _____	Alt E-mail: _____
Driver #/State: _____	Mothers Maiden Name: _____
Eligibility: _____	How did you hear about Coastline: _____
Employer Name: _____	Work Phone: _____

JOINT MEMBERS INFORMATION

Last Name: _____	Last Name: _____
First Name: _____ Middle: _____	First Name: _____ Middle: _____
Birthdate: _____ SSN#: _____	Birthdate: _____ SSN#: _____

Closest Relative (Not Living With You)

Name: _____ Relationship to you: _____
Address: _____ Home Phone: _____

Payable on Death Beneficiary Designation For Shares

Last Name: _____	Last Name: _____
First Name: _____ Middle: _____	First Name: _____ Middle: _____
Street: _____	Street: _____
City: _____ State: _____	City: _____ State: _____
ZIP: _____ SSN#: _____	ZIP: _____ SSN#: _____
Birthdate: _____	Birthdate: _____
Home Phone: _____ Percentage: _____ %	Home Phone: _____ Percentage: _____ %

MEMBERSHIP AGREEMENT

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 confirm 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 identification or verification through a consumer reporting agency will 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/We understand that Coastline Federal Credit Union has published a brochure entitled "Understanding Our Relationship" and it is available to me/us at www.coastlinefcu.org. I/We acknowledge that directions to retrieve Coastline's "Understanding Our Relationship" brochure has been or will be furnished to me/us at the time my/our account is opened. I/we further agree that if I/we do not or cannot retrieve the "Understanding Our Relationship" brochure, I/we will notify Coastline Federal Credit Union and request my/our 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.

Members Signature: _____	SSN: _____	Birthdate: _____
Joint Owner Signature: _____	SSN: _____	Birthdate: _____
Joint Owner Signature: _____	SSN: _____	Birthdate: _____
Membership Officer: _____	Date: _____	