Sea West Coast Guard Federal Credit Union

PO Box 4949 Oakland, CA 94605 (800) SEA-WEST (732-9378) www.seawest.coop

N	eml	bersi	hip	requires	\$5	minimum	deposit	t and	а	copy	of	val	id	pł	noto	ID).

Membership Application/Update

FOR CREDIT UNION USE ONLY

Member No.				
Savings				
Checking				
Term Cert.				

USA PATRIOT ACT NOTICE

MEMBERSHIP ELIGIBILITY: How are you eligible for membership?

To meet our obligations under federal law to help the federal government fight terrorism and money laundering, we require you to provide your name, address, date of birth and other information that will identify each person who signed the application. We can ask to see your identifying documents and may retain copies of them. We may also use outside sources, such as consumer reporting agencies, to confirm information you give us.

I am an employee of:				
I belong to:				
I am an immediate relative of:	who is a Sea West r	member.		
My relationship to the member is:	Other Eligib	oility:		
TELL US THE SERVICES YOU	U WOULD LIKE NOW			
Savings (minimum \$5 balance)	Checking			
Please provide an application for a line of overdrafts (if credit is available). Savings Certificate IRA Account OVERDRAFT HANDLING ON CHECKING: if	unt to cover overdrafts (if funds are available). If credit that can be used to cover overdrafts, an If you open a checking account and select and a Union (Sea West) document, Sea West has the	re approved for more	than one overdr	raft protection source on this or any
MEMBER				
Last Name	First	Initial	Title	
Social Security Number/EIN	Date of Birth		Password	
Street Address (home)	City		State	Zip
Mailing Address (if different from above)				
Home Phone	Work Phone	Ce	ell Phone	
Email Address (home)	Email Ad	dress (work)		
Employer	(Occupation		
	mily member or associate of a senior foreign pol accounts established under this membership?	litical figure? Yes Yes # of times pondon		(or) frequency
Driver's License/Other ID Number	Issued by	Issue Date		Exp. Date
Mother's Maiden Name	Your Place of	of Birth		
Father's Mother's First Name	Name of High School You A	Attended		
JOINT OWNER (if applicable)				
Last Name	First	Initial	Title	
Social Security Number/EIN	Date of Birth		Password	
Street Address (home)	City		State	Zip
Mailing Address (if different from above)				
Home Phone	Work Phone	Ce	ell Phone	
Email Address (home)	Email Ad	dress (work)		
Employer		Occupation		
	mily member or associate of a senior foreign pol accounts established under this membership?	litical figure? Yes Yes # of times po No		(or) frequency
Driver's License/Other ID Number	Issued by	Issue Date		Exp. Date
Mother's Maiden Name	Your Place of	of Birth		

Father's Mother's First Name

Name of High School You Attended

PAY-ON-DEATH BENEFICIARIES

Upon the death of the last owner listed above, funds remaining in accounts established under this membership (except fiduciary and IRA) will pass to the following named beneficiaries. If no beneficiary is named, funds will pass to the estate of the last owner to die. If more than one beneficiary is named, funds pass in equal shares unless a different percentage is indicated.

Print name		Address						
Phone	Relationship	Date of Birth	SS#	Percentage				
Print name		Address						
Phone	Relationship	Date of Birth	SS#	Percentage				
Print name		Address						
Phone	Relationship	Date of Birth	SS#	Percentage				
Print name		Address						
Phone	Relationship	Date of Birth	SS#	Percentage				
TERMS AND COND I include my initial saving		including my \$5 minimur	n balance requirement.					
under penalty of perjury that if I make misleading and payable. My signatu	that I am within the field of member statements regarding my member are on this application applies to all e credit union now or in the future.	conform to the Bylaws, as amended, of Se ership of this credit union and that the infor ship eligibility, Sea West may immediately accounts under this membership at Sea V I confirm that account(s) to be established	rmation provided on this a cancel my membership, c Vest. I also agree to be bo	pplication is true and correct. I agree lose my accounts, and call my loans due und to the terms and conditions of any				
		conditions governing my accounts as des lember Handbook, the Truth In Savings Di						
	uld any owner die, the other owner	draw any amount in the accounts. A withd will automatically own any money in the a						
I understand that your po	olicy and the law permit you to delay	y the deposit of non-cash items into my acc	count as shown in the Mem	ber Handbook.				
		s, or to disburse funds out of my accounts nt and deposit funds for me on my oral, wr						
AGREEMENTS AND	TAXPAYER ID NUMBER	CERTIFICATION — SIGNATURE	E(S) REQUIRED					
By signing this Application	n:							
	hip in Sea West. You authorize us t erience with you to others.	o review credit and account history as we	deem appropriate (subject	t to applicable law), and to report our				
You authorize Sea West written authorization and		unts for you in the future in the ownership	combination established of	on the Agreement upon your oral or				
policies and applicable la	3. You agree that all Sea West accounts you establish will be subject to the terms of the Member Handbook, Truth in Savings Disclosure, and Fee Schedule, by laws and policies and applicable laws as amended from time to time. If any term of any service that Sea West established for you is unacceptable, you can terminate the related service and have no further obligation other than to repay sums for which you have become indebted to Sea West according to your Agreements.							
the right of survivorship	I. Unless only one person signs this application, any Sea West share accounts established under this membership (except IRA and fiduciary accounts) will be joint with the right of survivorship. Upon the death of one owner, the other owner(s) will automatically own all share account(s). Any owner, acting alone, can withdraw all funds from share accounts established under the membership and can pledge funds for a loan.							
. By establishing accounts at Sea West, you affirm Sea West's right to impress a lien on shares to the extent of your obligations to Sea West under the Federal Credit Union Act (12 USC Sec. 1757(11)). You agree that if you become indebted to Sea West in any manner (including by using credit Sea West makes available via plastic card or by incurring negative account balances) and fail to meet your payment obligations, we can take any shares in which you have an interest, unless prohibited by law or the share agreement, to recover all or part of your obligation without notice and without waiving other rights we have to collect what you owe. Your consent is not a pledge of any shares and will not affect your right to withdraw funds prior to default and Sea West's exercise of its rights under this consent.								
U.S. person (including not been notified by thor (iii) the IRS has notified space: You	resident alien); and (c) you are n ne Internal Revenue Service (IRS) fied you that you are no longer s	I Security Number or Employer Identific ot subject to backup withholding becau I that you are subject to backup withhol ubject to backup withholding. If you are s the name on your account is the same as	ise (i) you are exempt fro ding as a result of failure subject to backup with	m backup withholding, or (ii) you have to report all interest or dividends, holding, your initials appear in this				
Member Signature	Date	Joint Owner Si	gnature	Date				
Your signature acknowled	ges receipt of a copy of the Memb	oer Handbook, Truth In Savings Disclosure	e and Fee Schedule.					
		CREDIT UNION USE ONL	Υ					
Eligib	bility Approved Memb	pership Officer:						
	- 11		Print Name					