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	Other Eligibility:							
TELL US THE SERVICES YOU	WOULD LIKE NOW								
Savings (minimum \$5 balance)	Checking								
Overdraft Protection (Checking only) Please transfer funds from savings account to cover overdrafts (if funds are available). Please provide an application for a line of credit that can be used to cover overdrafts, and if credit is approved, advance funds from the credit line to cover overdrafts (if credit is available). Savings Certificate IRA Account									
OVERDRAFT HANDLING ON CHECKING: if you open a checking account and select and are approved for more than one overdraft protection source on this or any other Sea West Coast Guard Federal Credit Union (Sea West) document, Sea West has the discretion to choose the order in which sources will be accessed to cover overdrafting checks.									
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	(Cell Phone						
Email Address (home)	Email Ado	dress (work)							
Employer Occupation									
Are you a senior foreign political figure or fami Do you expect foreign wire activity on any acc		itical figure? Yes Yes # of times No		(or) frequency					
Driver's License/Other ID Number	Issued by	Issue Date		Exp. Date					
lother's Maiden Name Your Place 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	(Cell Phone						
Email Address (home)	Email Ado	dress (work)							
Employer	(Occupation							
Are you a senior foreign political figure or fami Do you expect foreign wire activity on any acc	•	itical figure? Ye Yes # of times 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 CONI										
I include my initial savin		including my \$5 minimum	halance requirement							
under penalty of perjury that if I make misleading and payable. My signat	that I am within the field of member g statements regarding my member where on this application applies to a the credit union now or in the future	conform to the Bylaws, as amended, of Se ership of this credit union and that the infor riship eligibility, Sea West may immediately II accounts under this membership at Sea W. I confirm that account(s) to be established	mation provided on this ap cancel my membership, clo lest. I also agree to be bou	plication is true and correct. I agree ose my accounts, and call my loans due and to the terms and conditions of any						
		d conditions governing my accounts as desc Member Handbook, the Truth In Savings Dis								
 Any person who signs this Agreement may deposit or withdraw any amount in the accounts. A withdrawal of funds terminates the rights of the other owners to the amount withdrawn. Should any owner die, the other owner will automatically own any money in the accounts. IRA and fiduciary accounts are not subject to joint ownership with right of survivorship. 										
I understand that your p	oolicy and the law permit you to dela	y the deposit of non-cash items into my acc	ount as shown in the Memb	oer Handbook.						
		ts, or to disburse funds out of my accounts nt and deposit funds for me on my oral, wri								
AGREEMENTS AN	D TAXPAYER ID NUMBER	CERTIFICATION — SIGNATURE	(S) REQUIRED							
By signing this Application	on:									
	ship in Sea West. You authorize us perience with you to others.	to review credit and account history as we	deem appropriate (subject	to applicable law), and to report our						
2. You authorize Sea Wes written authorization ar		ounts for you in the future in the ownership	combination established or	n the Agreement upon your oral or						
policies and applicable	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	L. 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.									
Union Act (12 USC Sec or by incurring negative or the share agreement	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 to or (iii) the IRS has not space:	g resident alien); and (c) you are i the Internal Revenue Service (IRS tified you that you are no longer s	al Security Number or Employer Identification subject to backup withholding because) that you are subject to backup withholding. If you are set the name on your account is the same as	se (i) you are exempt fron ling as a result of failure subject to backup withho	n backup withholding, or (ii) you have to report all interest or dividends, olding, your initials appear in this						
Member Signature	Date	Joint Owner Sig	gnature	Date						
Your signature acknowled	dges receipt of a copy of the Mem	ber Handbook, Truth In Savings Disclosure	and Fee Schedule.							
		CREDIT UNION USE ONLY	<u> </u>							
Eliai	i bility Approved Mem	bership Officer:								
Eligi	pomity Approved Mem	bership Onicer.	Print Name							

Date:

Signature