

Coral Community Federal Credit Union Membership and Services Application

Please select one

OPEN A NEW ACCOUNT

A minimum deposit is required with a new account application

CHANGE EXISTING DATA

This form will supersede any others on file. It must be completed in its entirety as if for a new account

<u>LAST NAME</u>		<u>FIRST NAME</u>		<u>MIDDLE INITIAL</u>		<u>MEMBER NUMBER</u>	
<u>STREET ADDRESS (WHERE YOU RESIDE)</u>				<u>CITY</u>		<u>STATE</u> <u>ZIP</u>	
<u>MAILING ADDRESS (WHERE YOU WANT YOUR MAIL SENT)</u>				<u>CITY</u>		<u>STATE</u> <u>ZIP</u>	
<u>HOME PHONE NUMBER</u>		<u>CELL PHONE NUMBER</u>		<u>WORK PHONE NUMBER / EXT.</u>		<u>DRIVERS LICENSE # / STATE</u>	
<u>EMPLOYER NAME - ADDRESS - DEPARTMENT</u>						<u>HIRE DATE</u>	
<u>SOCIAL SECURITY NUMBER</u>		<p>Tin Certification and Backup Withholding Information - By signing below, under penalty of perjury, I certify that: 1) The number shown on this form is my correct taxpayer identification number, 2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS 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). Certification Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return. Cross out item 3 and complete form W-8 BEN if you are not a U.S. Person.</p>					
<u>DATE OF BIRTH</u>							
<u>E-MAIL ADDRESS</u>				<u>MOTHERS MAIDEN NAME</u>		<u>ELIGIBILITY / HOW DID YOU HEAR ABOUT US?</u>	
JOINT OWNER (LAST NAME, FIRST, INITIAL)				DATE OF BIRTH	SOCIAL SECURITY NO.	DRIVERS LICENSE W/STATE	
JOINT OWNER (LAST NAME, FIRST, INITIAL)				DATE OF BIRTH	SOCIAL SECURITY NO.	DRIVERS LICENSE W/STATE	

ACCOUNTS OR SERVICES REQUESTED

Please initial each account or service you are requesting with Coral Community Federal Credit Union.

**RESTRICTIONS APPLY – MEMBERSHIP AND ACCOUNTS ARE SUBJECT TO APPROVAL*

<input checked="" type="checkbox"/> MEMBERSHIP (Share Savings) REQUIRED <input type="checkbox"/> CORAL KIDS <input type="checkbox"/> LITTLE SEAHORSE (0-5 YEARS) <input type="checkbox"/> SEA SHELL SAVERS (6 – 12 YEARS) <input type="checkbox"/> ROCK SOLID* (13-19 YEARS) <input type="checkbox"/> CHECKING <input type="checkbox"/> MASTERCARD <input type="checkbox"/> ATM CARD/DEBIT CARD <input type="checkbox"/> ISLAND CLUB <input type="checkbox"/> HOLIDAY CLUB	<input type="checkbox"/> CHECKING ACCOUNT <input type="checkbox"/> LIFESAVERS <input type="checkbox"/> CORAL <input type="checkbox"/> LIGHTHOUSE <input type="checkbox"/> MONEY MARKET ACCOUNT <input type="checkbox"/> ATM CARD OR MASTERCARD DEBIT CARD SELECT ONE: <input type="checkbox"/> CORAL CARD ATM CARD <input type="checkbox"/> MASTERCARD DEBIT CARD <small>(checking is required)</small>
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DESIGNATION OF PAY ON DEATH (POD) BENEFICIARY

SINGLE-PARTY ACCOUNT- At death of the party, ownership passes as part of the party's estate

SINGLE-PARTY ACCOUNT WITH POD DESIGNATION- At death of the party, ownership passes to the designated POD beneficiaries and is not part of the party's estate. (Name one or more beneficiaries below)

MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP- At death of the party, ownership passes to the surviving party or parties

MULTIPLE-PARTY WITH RIGHT OF SURVIVORSHIP AND POD DESIGNATION- At death of the last surviving party, ownership passes to the designated POD beneficiaries and is not part of the last surviving party's estate. (Name one or more beneficiaries below.)

POD PAYEE/BENEFICIARY	RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH
COMPLETE ADDRESS (STREET, CITY, STATE AND ZIP)			

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COMPLETE ADDRESS (STREET, CITY, STATE AND ZIP)			

