coastcapital SAVINGS

Remote Broker Membership Application Form

New Membership ○ Revised Membership

Membership Open Date:
Membership Number:
Branch of Origination:

Primary Member Name:	Javier Robles	**Profile Num:**	40220054
Joint Member Name:	Perla Regalado	**Profile Num:**	40220064

Primary Photo ID - Primary Member *

- [x] Driver's License
- [ ] BCID
- [ ] Passport
- [ ] Permanent Resident Card
- [ ] National Defense ID
- [ ] Secure Certificate of Indian Status Card

ID Number:	0515054
Place of Issue:	British Columbia
Country of Issue:	Canada
[x] **ID Viewed by Broker**	
Date of Birth:	1972 - Feb -16

Primary Photo ID - Joint Member *

- [x] Driver's License
- [ ] BCID
- [ ] Passport
- [ ] Permanent Resident Card
- [ ] National Defense ID
- [ ] Secure Certificate of Indian Status Card

ID Number:	0515038
Place of Issue:	British Columbia
Country of Issue:	Canada
[x] **ID Viewed by Broker**	
Date of Birth:	1973 - Nov -16

* Must be physically viewed by Broker: Unexpired, original, Government issued photo ID with unique identifier number.

Contact Information to complete Membership & Account Opening

Preferred Date:	Saturday, June 11	**Preferred Time:**	10 am (M-F, 9-5)	**Phone Number:**	250.540.7196
				Alt Phone Number:	250.540.7141

Email Address: Primary Member		[x] Verbal consent obtained to use email address
Email Address: Joint Member		[x] Verbal consent obtained to use email address

Membership Set-up (Purpose & Intended Nature)

For your banking needs, Coast Capital Savings will be your: (Select one)

- (●) Primary FI — *CCS will be your main institution*
- ( ) Secondary FI — *Primary financial institution elsewhere*
- ( ) Limited — *Conduct specific transactions i.e. investments. lending only, etc*
- ( ) Other — Must be specified

Account Used by Third Party

Will the account being opened be used by or on behalf of a third party? If yes, please complete the Third Party Declaration Form. ○ Yes (●) No

Coast Capital Savings Privacy Policy

I/We consent to Coast Capital Savings Credit Union collecting, using and disclosing the personal information in this document pursuant to the terms of the Coast Capital Savings Privacy Policy (a copy of which is available at any branch or online at *www.coastcapitalsavings.com*)

[ ] **Agree** (Primary Member's Initials) [JR] **Agree** (Joint Member's Initial)

SIN Credit Check Acknowledgement

I/We acknowledge that Coast Capital Savings Credit Union is required to use my SIN for income tax purposes. I/We authorize Coast Capital Savings Credit Union to use and disclose my SIN to also (i) obtain, verify, or update my credit information and (ii) administer all of my accounts, as it pertains to relationship management. If this section is not initialed, the Privacy Options form may be required.

[YR] **Agree** (Primary Member's Initials) [JR] **Agree** (Joint Member's Initial)

Personal Account Service Agreement

I agree to be bound by the terms and conditions outlined in the Personal Account and Services Agreement which I have read on coastcapitalsavings.com and acknowledge that a copy of this Agreement will be mailed to me after my membership and account have been opened.

[YR] **Agree** (Primary Member's Initials) [JR] **Agree** (Joint Member's Initials)

FATCA Self-Certification

In completing this document, you will be asked to certify that you ARE or ARE NOT a U.S. resident or citizen. To assist you in making this determination, you should consider yourself a U.S. citizen if any of the following apply:

- You were born in the U.S. and have not relinquished U.S. Citizenship; or
- You are a naturalized U.S. Citizen; or
- You hold a valid U.S. Passport

Note: A U.S. Citizen is, in all cases, a U.S. person even if that person also resides in Canada or another country.

Are you a United States (U.S.) person for tax purposes? *(A U.S. person includes a U.S. resident or citizen)*

Primary Member		**Joint Member**	
○ **YES**	**Provide your U.S. TIN** (Tax Identification Number)	○ **YES**	**Provide your U.S. TIN** (Tax Identification Number)
(●) **NO**	*(Refer to Optional Certification Section below)*	○ **NO**	

If you answered "NO" **but spend considerable time in the U.S.** vacationing or attending school, you may complete the optional certification:

Optional Certification

I certify that I am a resident of Canada. I further certify that any U.S. address, telephone number or standing instructions to transfer funds to an account maintained in the U.S. associated with this account only exists or will arise only in the context of temporary visits that I make to the U.S. while I remain a resident of Canada and not, at any time, a resident of the U.S. for tax purposes or a U.S. citizen. I agree to notify Coast Capital Savings if events cause this certification to become false or misleading.

[ ] ***Check if making this Declaration*** *(Primary Member)* [ ] ***Check if making this Declaration*** *(Joint Member)*

Signatures

Primary Member:		**Dated:** MAY 4/16
Joint Member:		**Dated:** MAY 6/16
Witness:		**Dated:** MAY 6/16.

Revised: November 19, 2015