



MEMBERSHIP APPLICATION
- Minor Blocked - Coogan Trust -

PLEASE PRINT CLEARLY OR TYPE. COMPLETE ALL APPLICABLE SECTIONS AND SIGN WHERE INDICATED.

ACCOUNT NAME:	ACCOUNT NUMBER:
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OWNERSHIP TYPE Coogan Trust Corporate Coogan Trust (attach Corporate Resolution) Court Ordered Minor Blocked Trust (attach court order)

IDENTIFYING INFORMATION To help the government fight the funding of terrorism and money laundering activities, Federal law requires that we obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you and the minor. We will also ask to see your driver's license or other identifying documents.
A certified copy of the minor's birth certificate is required along with this Membership Application.

ACCOUNT TYPE(S) AND ADDITIONAL SERVICES Regular Share Savings Account (Required to Establish Membership)
 Share Certificate (\$1,000 min. deposit required.)

Minor Beneficiary	Legal Name _____	(Also Known As "aka") _____	Social Security Number _____	Date of Birth _____
	Mailing Address _____	City _____	State _____	Zip Code _____
	Home Phone _____	Mother's Maiden Name _____		
	Residence Street Address/City/State/Zip (if different than the Mailing Address listed above or if the Mailing Address listed above is a P.O. Box) _____			
	Occupation _____			

Trustee 1	Legal Name _____	Social Security Number _____	Date of Birth _____	Relationship to Minor _____
	Home Phone _____	Alt Phone _____	ID Type, State/Issues By, Number, Expiration _____	Mother's Maiden Name _____
	Residence Street Address/City/State/Zip (if different than the Mailing Address listed above or if the Mailing Address listed above is a P.O. Box) _____			
	Occupation _____			

Trustee 2	Legal Name _____	Social Security Number _____	Date of Birth _____	Relationship to Minor _____
	Home Phone _____	Alt Phone _____	ID Type, State/Issues By, Number, Expiration _____	Mother's Maiden Name _____
	Residence Street Address/City/State/Zip (if different than the Mailing Address listed above or if the Mailing Address listed above is a P.O. Box) _____			
	Occupation _____			

MEMBERSHIP ELIGIBILITY	The minor is a child, sibling or household member of the following South Bay Credit Union member:
Name: _____	Relationship: _____

TAX IDENTIFICATION NUMBER CERTIFICATION & BACKUP WITHHOLDING INFO. **	By signing below, I certify under penalties of perjury that the <u>Social Security Number/Tax ID Number</u> shown above is the minor's correct Tax Identification Number and that the minor is NOT, unless designated below, subject to backup withholding because: (a) the minor is exempt from backup withholding, or (b) the minor has not been notified by the Internal Revenue Service (IRS) that the minor is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the minor that the minor is no longer subject to backup withholding. I further certify that unless otherwise designated below, the minor is a U.S. person (including a U.S. resident alien). <input type="checkbox"/> The minor is subject to backup withholding <input type="checkbox"/> The minor is not a United States citizen or resident (complete IRS Form W-8BEN)
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As Trustee(s) for the Minor Beneficiary named herein, I/we hereby make application for membership for the Beneficiary in South Bay Credit Union (the "Credit Union") and certify that the Beneficiary is within the Credit Union's field of membership. I/we understand and agree that this membership application shall govern only this Minor Blocked - Coogan Trust Account. I/We authorize the Credit Union to obtain my/our consumer credit report information from consumer reporting agencies for the purpose of identity verification and/or to determine my/our eligibility to offer me/us other Credit Union products or services. I/We agree to be bound to the Credit Union's bylaws and policies, and to the terms and conditions of this and all account agreements with the Credit Union now or in the future, including but not limited to, the All About Your Accounts Truth-In-Savings Disclosure and Account Agreement, Fee Disclosure, Rate Schedule and the Electronic Services Disclosure, which have been provided to me/us and which are incorporated into and made part of this Membership Application as though they were set forth in length. I understand and agree that I may not withdraw any amount, including earnings thereon, except upon court order (if box is checked above for Court Ordered Minor Blocked Trust) or in the manner provided by California Family Code Secs. 6750-6753 (if box is checked above for Coogan Trust or Corporate Coogan Trust). I/We agree that the Credit Union may access information concerning the handling of my/our account(s) with other financial institutions now and in the future and understand that my/our application to establish an account will be verified through an account verification service. **** The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding**

SIGNATURES:

X _____ Date
Trustee 1

X _____ Date
Trustee 2

PLEASE PRINT CLEARLY OR TYPE. COMPLETE ALL APPLICABLE SECTIONS AND SIGN WHERE INDICATED

ACCOUNT NAME:	ACCOUNT NUMBER:
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Trustee 3	Legal Name _____	Social Security Number _____	Date of Birth _____	Relationship to Minor _____
	Home Phone _____	Alt Phone _____	ID Type, State/Issues By, Number, Expiration _____	Mother's Maiden Name _____
	Residence Street Address/City/State/Zip (if different than the Mailing Address listed above or if the Mailing Address listed above is a P.O. Box) _____			
	Occupation _____			

Trustee 4	Legal Name _____	Social Security Number _____	Date of Birth _____	Relationship to Minor _____
	Home Phone _____	Alt Phone _____	ID Type, State/Issues By, Number, Expiration _____	Mother's Maiden Name _____
	Residence Street Address/City/State/Zip (if different than the Mailing Address listed above or if the Mailing Address listed above is a P.O. Box) _____			
	Occupation _____			

As Trustee(s) for the Minor Beneficiary named herein, I/we hereby make application for membership for the Beneficiary in South Bay Credit Union (the "Credit Union") and certify that the Beneficiary is within the Credit Union's field of membership. I/we understand and agree that this membership application shall govern only this Minor Blocked - Coogan Trust Account. I/We authorize the Credit Union to obtain my/our consumer credit report information from consumer reporting agencies for the purpose of identity verification and/or to determine my/our eligibility to offer me/us other Credit Union products or services. I/We agree to be bound to the Credit Union's bylaws and policies, and to the terms and conditions of this and all account agreements with the Credit Union now or in the future, including but not limited to, the All About Your Accounts Truth-In-Savings Disclosure and Account Agreement, Fee Disclosure, Rate Schedule and the Electronic Services Disclosure, which have been provided to me/us and which are incorporated into and made part of this Membership Application as though they were set forth in length. I understand and agree that I may not withdraw any amount, including earnings thereon, except upon court order (if box is checked above for Court Ordered Minor Blocked Trust) or in the manner provided by California Family Code Secs. 6750-6753 (if box is checked above for Coogan Trust or Corporate Coogan Trust). I/We agree that the Credit Union may access information concerning the handling of my/our account(s) with other financial institutions now and in the future and understand that my/our application to establish an account will be verified through an account verification service. **** The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding**

SIGNATURES:

X _____ Date
Trustee 3

X _____ Date
Trustee 4