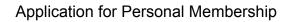
coastcapital

Application for Personal Membership

□ PERSONAL ACCOUNT	Membership Membership	□ New Membership □ Revised Membership Membership Open Date: Membership Number: Branch of Origination:			
PRIMARY	☐ TRUSTEE	JOINT			☐ TRUSTEE
□ Mr. □ Mrs. □ Ms. □ Miss □ MX □ Female □ Male □ X		□ Mr. □ Mrs. □ N	□ Mr. □ Mrs. □ Ms. □ Miss □ MX □ Female □ Male □ X		
First Name Initial	Last Name	First Name		Initial Last	Name
SIN Date of Birth	Home Owner Status	SIN	Date of Birth Home Owner Status		
IDENTIFICATION	1	IDENTIFICATIO	N	1	
ID Type #1 ID Number	ID Type #2 ID Number	ID Type #1	ID Number	ID Type #2	ID Number
Country of Place of Issue Issue	Country of Place of Issue Issue	Country of Issue	Place of Issue	Country of Issu	e Place of Issue
ID Expiry Date	ID Expiry Date	ID Expiry Date		ID Expiry Date	
ADDRESS		ADDRESS		•	
Address		Address			
City Prov/State &	Country Postal Code/Zip	City	Prov/St	tate & Country	Postal Code/Zip
CONTACT DETAILS		CONTACT DET	AILS		
Home Phone Cell Phone	Email	Home Phone	Cell F	Phone	Email
Preferred Method of Contact	Preferred Contact Time	Preferred Method	of Contact	Preferred Conta	act Time
EMPLOYMENT INFO		EMPLOYMENT	INFO		
Employment Status Employer's N	ame Detailed Occupation	Employment Statu	is Emplo	oyer's Name	Detailed Occupation
Employer's Business	Work Phone	Employer's Busine	ess	Work Phone	
BENEFICIARY NAME (One be	neficiary per membership)				
First Name	Initial Last Name				
Address		City	Prov/Stat	te & Country	Postal Code/Zip
COAST CAPITAL SAVINGS FEDEI AGREE TO MEMBERSHIP TERMS I/We apply to open a Coast Capital S I/We have received the Coast Cap		greement and agree to be	bound by its term	ns and conditio	ns.
Primary Member Signature				ate	
Joint Member Signature				ate	

Revised: April 12, 2022 Owner: Operations Support





Revised: April 12, 2022 Owner: Operations Support