



Membership Signature Card/Account Application/Agreement

Complete application, and securely return with a copy of your and (if applicable) the joint account holder's unexpired driver's license or state identification card along with your initial deposit. Members must open a Savings account.

PLEASE INDICATE HOW YOU ARE ELIGIBLE FOR MEMBERSHIP:

- Employer: _____ Site/Sector: _____
- Family Member - NGFCU Member Name & Membership: _____
- Member of Southern California Historical Aviation Foundation

REQUEST TYPE: New Member New Account

ACCOUNT TYPE: Individual Joint

- Savings Holiday
- Checking Term: _____
- Money Market Other: _____

ADDITIONAL SERVICES:

- VISA Debit Card* ATM Card Online Banking
- *Checking Account required for Debit Card

SELECT YOUR DEBIT CARD:

Card Design: _____



For more card design options visit ngfcu.us/debit-cards

MEMBER			
FULL NAME: (FIRST, MIDDLE, LAST, SUFFIX):		SOCIAL SECURITY/TIN:	
PHYSICAL ADDRESS:	CITY:	ST:	ZIP:
MAILING ADDRESS: IF DIFFERENT	CITY:	ST:	ZIP:
PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME	WORK PHONE:		
DATE OF BIRTH:	EMAIL:	GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> DO NOT DISCLOSE	
DRIVER'S LIC. OR ID NUMBER:	ISSUE DATE:	EXP DATE:	STATE:
EMPLOYER:	OCCUPATION:		
CHOOSE A VERBAL CALL CENTER VERIFICATION PASSWORD: (PLEASE REMEMBER WHEN CALLING NGFCU)			
JOINT ACCOUNT HOLDER (1)			
FULL NAME: (FIRST, MIDDLE, LAST, SUFFIX):		SOCIAL SECURITY/TIN:	
PHYSICAL ADDRESS:	CITY:	ST:	ZIP:
MAILING ADDRESS: IF DIFFERENT	CITY:	ST:	ZIP:
PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME	WORK PHONE:		
DATE OF BIRTH:	EMAIL:	GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> DO NOT DISCLOSE	
DRIVER'S LIC. OR ID NUMBER:	ISSUE DATE:	EXP DATE:	STATE:
EMPLOYER:	OCCUPATION:		
CHOOSE A VERBAL CALL CENTER VERIFICATION PASSWORD: (PLEASE REMEMBER WHEN CALLING NGFCU)			

JOINT ACCOUNT HOLDER (2)

FULL NAME: (FIRST, MIDDLE, LAST, SUFFIX)		SOCIAL SECURITY/TIN:	
PHYSICAL ADDRESS:	CITY:	ST:	ZIP:
MAILING ADDRESS: IF DIFFERENT	CITY:	ST:	ZIP:
PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME	WORK PHONE:		
DATE OF BIRTH:	EMAIL:	GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> DO NOT DISCLOSE	
DRIVER'S LIC. OR ID NUMBER:	ISSUE DATE:	EXP DATE:	STATE:
EMPLOYER:	OCCUPATION:		
CHOOSE A VERBAL CALL CENTER VERIFICATION PASSWORD: (PLEASE REMEMBER WHEN CALLING NGFCU)			

BENEFICIARY INFORMATION

BENEFICIARY 1 NAME: (FIRST, MIDDLE, LAST, SUFFIX)		SOCIAL SECURITY/TIN:		DATE OF BIRTH:	
PHYSICAL ADDRESS:		CITY:		ST:	ZIP:
BENEFICIARY DESIGNATION %:		RELATIONSHIP TO BENEFICIARY:		PHONE:	
BENEFICIARY 2 NAME: (FIRST, MIDDLE, LAST, SUFFIX)		SOCIAL SECURITY:		DATE OF BIRTH:	
PHYSICAL ADDRESS:		CITY:		ST:	ZIP:
BENEFICIARY DESIGNATION %:		RELATIONSHIP TO BENEFICIARY:		PHONE:	

Additional beneficiaries are listed on the attached page, which is incorporated by reference.

The applicant hereby applies for membership in Northrop Grumman Federal Credit Union, to subscribe for at least one share and submit documentation herein. The personal information noted below is being requested and maintained in compliance with the provision of Section 326 of the USA PATRIOT Act.

TERMS AND CONDITIONS: On establishment of membership, Northrop Grumman Federal Credit Union will provide me with its Truth-in-Savings Disclosure and Agreement for various accounts and services offered by Northrop Grumman Federal Credit Union and agree to be bound by the disclosures and agreements contained therein. Further, I/we agree to be bound by the by-laws, regulations, policies and other practices of the Credit Union now in effect or as amended or later adopted regarding this account. The information stated herein is furnished to induce Northrop Grumman Federal Credit Union to open a Regular Share Account and future share accounts. I/we certify that all the information is true and correct. I/we authorize Northrop Grumman Federal Credit Union to obtain consumer reports on me and furnish information concerning my/our account to credit reporting agencies.

I authorize the Credit Union to share my name, address, e-mail address and phone number with any third party utilized to qualify me for membership.

If not applying at an NGFCU branch, please initial the following:

_____ I agree to receive the account opening disclosures and documents by email at the email address provided on this application.

SIGNATURE AND W-9 TAXPAYER ID CERTIFICATION

(Applies to both the minor and custodian)

Check appropriate boxes:

- I am not subject to backup withholding due to failure to report interest or dividend income
- I am subject to backup withholding
- I am exempt from FATCA reporting

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X _____ DATE _____
MEMBER SIGNATURE

X _____ DATE _____
JOINT ACCOUNT HOLDER 1 SIGNATURE

X _____ DATE _____
JOINT ACCOUNT HOLDER 2 SIGNATURE

OFFICE USE ONLY		<input type="checkbox"/> CURRENT ID VERIFIED
MEMBER NUMBER: _____	ACCOUNT NUMBER(S): _____	
EMPLOYEE NAME: _____	DATE RECEIVED: _____	
CHECKBOOK/DESIGN: _____	DEBIT CARD DESIGN: _____	