



Trust Account Signature Card/Membership Application

Date: _____ Member Number: _____ Trust TIN (if applicable): _____

Title of Trust: _____

Original Effective Date of the Trust: _____ Last Amendment Date (if applicable): _____

TYPE OF TRUST:

- Revocable (If MARRIED, at least ONE trustor must be a member of the Credit Union. If not married, ALL trustors must be members of the Credit Union.)
- Irrevocable (Trustor must be a member of the Credit union. If trustor is DECEASED, ALL beneficiaries must be members of the Credit Union before opening the account)

Trustor(s) (include name for all Trustors):

TRUSTOR (1)			
FULL NAME: (FIRST, MIDDLE, LAST, SUFFIX)		SOCIAL SECURITY/TIN:	
HOME ADDRESS:		CITY:	ST: ZIP:
PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME		WORK PHONE:	
EMAIL:		DATE OF BIRTH:	
EMPLOYER:		OCCUPATION:	
DRIVER'S LIC. OR ID NUMBER:		ISSUE DATE:	EXP DATE: STATE:
CHOOSE A VERBAL CALL CENTER VERIFICATION PASSWORD: (PLEASE REMEMBER WHEN CALLING NGFCU)			
TRUSTOR (2)			
FULL NAME: (FIRST, MIDDLE, LAST, SUFFIX)		SOCIAL SECURITY/TIN:	
HOME ADDRESS:		CITY:	ST: ZIP:
PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME		WORK PHONE:	
EMAIL:		DATE OF BIRTH:	
EMPLOYER:		OCCUPATION:	
DRIVER'S LIC. OR ID NUMBER:		ISSUE DATE:	EXP DATE: STATE:
CHOOSE A VERBAL CALL CENTER VERIFICATION PASSWORD: (PLEASE REMEMBER WHEN CALLING NGFCU)			

If Trustors and Trustees are the same check here

Trustor(s) (include name for all Trustors):

TRUSTEE (1)			
FULL NAME: (FIRST, MIDDLE, LAST, SUFFIX)		SOCIAL SECURITY/TIN:	
HOME ADDRESS:		CITY:	ST: ZIP:
PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME		WORK PHONE:	
EMAIL:		DATE OF BIRTH:	
EMPLOYER:		OCCUPATION:	
DRIVER'S LIC. OR ID NUMBER:		ISSUE DATE:	EXP DATE: STATE:
CHOOSE A VERBAL CALL CENTER VERIFICATION PASSWORD: (PLEASE REMEMBER WHEN CALLING NGFCU)			



TRUSTEE (2)			
FULL NAME: (FIRST, MIDDLE, LAST, SUFFIX)		SOCIAL SECURITY/TIN:	
HOME ADDRESS:		CITY:	ST: ZIP:
PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME		WORK PHONE:	
EMAIL:		DATE OF BIRTH:	
EMPLOYER:		OCCUPATION:	
DRIVER'S LIC. OR ID NUMBER:	ISSUE DATE:	EXP DATE:	STATE:
CHOOSE A VERBAL CALL CENTER VERIFICATION PASSWORD: (PLEASE REMEMBER WHEN CALLING NGFCU)			

If there is more than one Trustee, the Credit Union may honor transactions initiated by:

- Any Individual Trustee
 All Trustees Jointly
 Any Combination of Trustees

If more than 2 Trustees, please check box and attach an additional application. By signing below, the Trustees certify to the Credit Union that they have full authority under the Trust Document described above, which the Credit Union has not received a copy thereof, and will notify the Credit Union of any changes in authority regarding relationships with financial institutions regarding savings and loan accounts. The Credit Union reserves the right to request and obtain a Certification of Trust/Trustees at any time during the lifetime of this account. This includes at time of any loan application that will use current or future Trust assets to secure the loan.

The Trust itself is not and does not become a member of the Credit Union with this application. Membership in the Credit Union is for natural persons only and the Trustees agree that any membership requirements will be met as required by the Credit Union's Bylaws and any applicable federal or state laws or regulations as may be changed from time to time.

With the signatures provided below, the Trustees certify that the information is true and correct and if later found to not be correct, the Credit Union reserves the right to restrict the account(s) until the correct information is provided and verified.

X _____
TRUSTEE SIGNATURE DATE

X _____
TRUSTEE SIGNATURE DATE

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.

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.
Initial Here

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 _____
TRUSTEE SIGNATURE DATE

X _____
TRUSTEE SIGNATURE DATE

OFFICE USE ONLY	
Mbr #: _____	Acct # _____
CU Rep _____	Date Received: ____ / ____ / ____
<input type="checkbox"/> Current ID verified	<input type="checkbox"/> Certification of Trust Attached (required)