



Additional Account Application, Account Options Agreement And Signature Card

Complete application, and securely return with a copy of the joint account holder's unexpired drivers license or state identification card along with your initial deposit. If applicable.

MEMBER

| | | | | |
|--|----------------|----------------------|-----------|--------|
| 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: | | |
| CHOOSE A VERBAL CALL CENTER VERIFICATION PASSWORD: (PLEASE REMEMBER WHEN CALLING NGFCU) | | | | |
| DRIVER'S LIC. OR ID NUMBER: | DATE OF BIRTH: | ISSUE DATE: | EXP DATE: | STATE: |
| EMPLOYER: | OCCUPATION: | | EMAIL: | |

JOINT ACCOUNT HOLDER (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: | | |
| CHOOSE A VERBAL CALL CENTER VERIFICATION PASSWORD: (PLEASE REMEMBER WHEN CALLING NGFCU) | | | | |
| DRIVER'S LIC. OR ID NUMBER: | DATE OF BIRTH: | ISSUE DATE: | EXP DATE: | STATE: |
| EMPLOYER: | OCCUPATION: | | EMAIL: | |

JOINT ACCOUNT HOLDER (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: | | |
| CHOOSE A VERBAL CALL CENTER VERIFICATION PASSWORD: (PLEASE REMEMBER WHEN CALLING NGFCU) | | | | |
| DRIVER'S LIC. OR ID NUMBER: | DATE OF BIRTH: | ISSUE DATE: | EXP DATE: | STATE: |
| EMPLOYER: | OCCUPATION: | | EMAIL: | |





PAY-ON-DEATH (POD) BENEFICIARY DESIGNATION (optional)

Upon the death of the last surviving account owner, I/we designate the following beneficiary(y)(ies) to share equally, unless otherwise indicated.

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/TIN: | | 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.

| ACCOUNT OPTIONS | DEPOSITS TO OTHER NGFCU ACCOUNTS |
|---|---|
| <p>ADDITIONAL SAVINGS ACCOUNT \$ _____</p> <p>Acct Nickname _____</p> <p>HOLIDAY CLUB ACCOUNT</p> <p style="color: green; text-align: center;">HOLIDAY CLUB ACCOUNT RECURRING TRANSFERS</p> <p>Take recurring transfers to Holiday Club Acct from my:</p> <p>Account # _____</p> <p><input type="checkbox"/> Weekly <input type="checkbox"/> Monthly on (prior to 26th) Amt \$ _____</p> <p>CHECKING ACCOUNT \$ _____</p> <p>MONEY MARKET ACCOUNT \$ _____</p> <p>CERTIFICATE \$ _____</p> <p><input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 24 mo <input type="checkbox"/> 30 mo <input type="checkbox"/> 36 mo <input type="checkbox"/> 48 mo <input type="checkbox"/> 60 mo <input type="checkbox"/> 84 mo</p> <p>Dividend Payment:</p> <p><input type="checkbox"/> Paid and compounded monthly</p> <p><input type="checkbox"/> Paid monthly and transferred to: _____</p> <p style="text-align: right; margin-right: 100px;">Account # _____</p> <p style="color: green;">TOTAL DEPOSIT \$ _____</p> <p><input type="checkbox"/> CHECK ENCLOSED</p> <p><input type="checkbox"/> TRANSFER FROM MY NGFCU ACCT # _____</p> | <p>I would like to have the ability to deposit funds to these accounts understanding that no withdrawal or inquiry capabilities are allowed.</p> <p>Name _____</p> <p style="text-align: right; margin-right: 100px;">Account# _____</p> <p>Name _____</p> <p style="text-align: right; margin-right: 100px;">Account# _____</p> <p style="color: green;">ADDITIONAL SERVICES:</p> <p><input type="checkbox"/> ATM Card <input type="checkbox"/> VISA Debit Card</p> <p>(Checking account required to have debit card)</p> <p style="color: green;">SELECT YOUR DEBIT CARD:</p> <p>Card Design: _____</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>B-2 Spirit Approach</p> </div> <div style="text-align: center;">  <p>E-2D Aerial Refueling</p> </div> <div style="text-align: center;">  <p>Riding Local</p> </div> <div style="text-align: center;">  <p>Love LA Skyline</p> </div> </div> <p>For more card design options visit ngfcu.us/debit-cards</p> |

TERMS & CONDITIONS

By signing this agreement, I/we agree that all accounts shall be governed by the terms and conditions set forth in the Northrop Grumman Federal Credit Union Truth In Savings Disclosure and Agreement, which I/we acknowledge receipt of and agree to 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.

SIGNATURES

I/we certify that all the information is current, complete, true and correct.

X _____

MEMBER SIGNATURE DATE

X _____

JOINT ACCOUNT HOLDER (1) DATE

X _____

JOINT ACCOUNT HOLDER (2) DATE

OFFICE USE ONLY

Acct # _____

Mbr # _____

Date Received ____ / ____ / ____ CU Rep _____

Date Opened or Changed ____ / ____ / ____ Debit Card Design: _____

☐ Current ID verified

