



## 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		
MOTHER'S MAIDEN NAME	BIRTHDATE MM/DD/YYYY		
DRIVER'S LIC. OR ID NUMBER	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		
MOTHER'S MAIDEN NAME	BIRTHDATE MM/DD/YYYY		
DRIVER'S LIC. OR ID NUMBER	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		
MOTHER'S MAIDEN NAME	BIRTHDATE MM/DD/YYYY		
DRIVER'S LIC. OR ID NUMBER	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 NAME (FIRST, MIDDLE, LAST, SUFFIX)		SOCIAL SECURITY	BIRTHDATE MM/DD/YYYY
PHYSICAL ADDRESS		CITY	ST ZIP
BENEFICIARY DESIGNATION %	RELATIONSHIP TO BENEFICIARY	PHONE	
BENEFICIARY NAME (FIRST, MIDDLE, LAST, SUFFIX)		SOCIAL SECURITY	BIRTHDATE MM/DD/YYYY
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

ADDITIONAL SAVINGS ACCOUNT \$ \_\_\_\_\_

Acct Nickname \_\_\_\_\_

HOLIDAY CLUB ACCOUNT \$ \_\_\_\_\_

#### HOLIDAY CLUB ACCOUNT RECURRING TRANSFERS

Take recurring transfers to Holiday Club Acct from my:

Account # \_\_\_\_\_

☐ Weekly ☐ Monthly on (prior to 26th) Amt \$ \_\_\_\_\_

CHECKING ACCOUNT \$ \_\_\_\_\_

MONEY MARKET ACCOUNT \$ \_\_\_\_\_

TERM ACCOUNT \$ \_\_\_\_\_

☐ 6 mo ☐ 12 mo ☐ 24 mo ☐ 30 mo ☐ 36 mo ☐ 48 mo ☐ 60 mo

Dividend Payment:

☐ Paid and compounded monthly

☐ Paid monthly and transferred to: \_\_\_\_\_ Account # \_\_\_\_\_

**TOTAL DEPOSIT** \$

☐ CHECK ENCLOSED

☐ TRANSFER FROM MY NGFCU ACCT # \_\_\_\_\_

### DEPOSITS TO OTHER NGFCU ACCOUNTS

I would like to have the ability to deposit funds to these accounts understanding that no withdrawal or inquiry capabilities are allowed.

Name \_\_\_\_\_

Account # \_\_\_\_\_

Name \_\_\_\_\_

Account # \_\_\_\_\_

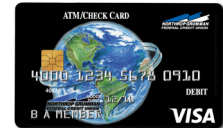
### ADDITIONAL SERVICES:

☐ ATM Card ☐ VISA Debit Card  
(Checking account required to have debit card)

### SELECT YOUR DEBIT CARD

☐ B-2 Anniversary Card

☐ Globe



### 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

☐ Current ID verified