



Conservator/Guardian Information Form

Complete the following form and securely return it along with a court order for the Conservatorship or Guardianship and a copy of the unexpired, government-issued photo identification for the conservator/guardian.

PRINCIPAL NAME (CREDIT UNION MEMBER)		
FULL NAME (FIRST, MIDDLE, LAST, SUFFIX)		
MEMBER NUMBER	SOCIAL SECURITY NUMBER	PHONE NUMBER

CONSERVATOR/GUARDIAN INFORMATION			
FULL NAME (FIRST, MIDDLE, LAST, SUFFIX)		MEMBER (MBR) NUMBER (IF APPLICABLE)	
HOME PHONE	BUSINESS PHONE	MOBILE PHONE	SOCIAL SECURITY NUMBER
CURRENT HOME ADDRESS: STREET		CITY	STATE ZIP
EMAIL ADDRESS		ID TYPE <input type="checkbox"/> DL <input type="checkbox"/> ID <input type="checkbox"/> PASSPORT NUMBER	

Please check type of Court Order:
 Guardian Conservator Other _____

When acting as the conservator/guardian, I acknowledge that I will sign as "member, by my signature, conservator/guardian (as applicable)". I agree to notify Northrop Grumman Federal Credit Union immediately if I have knowledge of termination or revocation of the conservatorship/guardianship or upon death of the Member.

SIGNATURE OF CONSERVATOR/GUARDIAN	
SIGNATURE	DATE SIGNED

OFFICE USE ONLY	
Member Number: _____	Account Number(s): _____
Employee Name: _____	Date Received: _____
*Court Document Copy Attached: _____	*ID Verified: _____
*Document & Form sent to RIP: _____	
*Teller to Initial to show completion	