



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 & Relationship: _____
- ☐ Member of Southern California Historical Aviation Foundation

REQUEST TYPE: ☐ New Member ☐ New Account

ACCOUNT TYPE: ☐ Individual ☐ Joint

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

ADDITIONAL SERVICES: ☐ VISA Debit Card* ☐ ATM Card ☐ Online Banking

**Checking Account required for Debit Card*

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		
CHOOSE A VERBAL PASSWORD FOR SECURITY AND ACCOUNT VERIFICATION			
DRIVER'S LIC. OR ID NUMBER	ISSUE DATE	EXP DATE	STATE
EMPLOYER	OCCUPATION		
EMAIL	BIRTHDATE MM/DD/YYYY	GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> DO NOT DISCLOSE	

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		
CHOOSE A VERBAL PASSWORD FOR SECURITY AND ACCOUNT VERIFICATION			
DRIVER'S LIC. OR ID NUMBER	ISSUE DATE	EXP DATE	STATE
EMPLOYER	OCCUPATION		
EMAIL	BIRTHDATE MM/DD/YYYY	GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> DO NOT DISCLOSE	

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		
CHOOSE A VERBAL PASSWORD FOR SECURITY AND ACCOUNT VERIFICATION			
DRIVER'S LIC. OR ID NUMBER	ISSUE DATE	EXP DATE	STATE
EMPLOYER	OCCUPATION		
EMAIL	BIRTHDATE MM/DD/YYYY	GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> DO NOT DISCLOSE	

BENEFICIARY INFORMATION

BENEFICIARY NAME (FIRST, MIDDLE, LAST, SUFFIX)		SOCIAL SECURITY		BIRTHDATE	
PHYSICAL ADDRESS		CITY		ST	ZIP
BENEFICIARY DESIGNATION %	RELATIONSHIP TO BENEFICIARY			PHONE	
BENEFICIARY NAME (FIRST, MIDDLE, LAST, SUFFIX)		SOCIAL SECURITY		BIRTH DATE	
PHYSICAL ADDRESS		CITY		ST	ZIP
BENEFICIARY DESIGNATION %	RELATIONSHIP TO BENEFICIARY			PHONE	

☐ Additional and/or contingent beneficiary. Use beneficiary designation form.

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 of 2001.

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.
Initial Here

SIGNATURE AND W-9 TAXPAYER ID CERTIFICATION

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 _____
MEMBER SIGNATURE DATE

X _____
JOINT ACCOUNT HOLDER 1 SIGNATURE DATE

X _____
JOINT ACCOUNT HOLDER 2 SIGNATURE DATE

OFFICE USE ONLY

MEMBER NUMBER: _____	ACCOUNT NUMBER(S): _____
EMPLOYEE NAME: _____	DATE RECEIVED: _____
CHECKBOOK / DESIGN: _____	DEBIT CARD DESIGN: _____