



YOUth Membership Account Application & Agreement

Complete application, and securely return with a copy of the responsible adult that will be the joint account holder's unexpired driver's license or state identification card along with your initial deposit.

PLEASE INDICATE HOW YOU ARE ELIGIBLE FOR MEMBERSHIP:

- Family Member. NGFCU Member Name: _____ Relationship: _____ or
- Member of Southern California Historical Aviation Foundation

PRODUCT TYPES:

- YOUth Launch Savings Account — minimum deposit is \$5 _____ AMOUNT ENCLOSED
- YOUth Boost 12 Month Certificate — minimum deposit \$250 _____ AMOUNT ENCLOSED
- YOUth Journey Checking — minimum opening deposit of \$25 _____ AMOUNT ENCLOSED

- Additional Services:** ATM Card VISA Debit Card* (If eligible)
 Online Banking (If eligible)

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			
CHOOSE A VERBAL CALL CENTER VERIFICATION PASSWORD: (PLEASE REMEMBER WHEN CALLING NGFCU)			
IDENTIFICATION TYPE: <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> GOVERNMENT ISSUED ID <input type="checkbox"/> SCHOOL ID SCHOOL NAME _____			
EMAIL:	DATE OF BIRTH:	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 CALL CENTER VERIFICATION PASSWORD: (PLEASE REMEMBER WHEN CALLING NGFCU)			
DRIVER'S LIC. OR ID NUMBER:	ISSUE DATE:	EXP DATE:	STATE:
EMPLOYER:	OCCUPATION:		
EMAIL:	DATE OF BIRTH:	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 CALL CENTER VERIFICATION PASSWORD: (PLEASE REMEMBER WHEN CALLING NGFCU)			
DRIVER'S LIC. OR ID NUMBER:	ISSUE DATE:	EXP DATE:	STATE:
EMPLOYER:	OCCUPATION:		
EMAIL:	DATE OF BIRTH:	GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> DO NOT DISCLOSE	

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:		DATE OF BIRTH:	
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

Under penalty of perjury, the following is true.

1. The payee's TIN is correct,
2. The payee is not subject to backup withholding due to failure to report interest and dividend income,
3. The payee is a U.S. person, and
4. The payee is exempt from FATCA reporting is correct.

MEMBER SIGNATURE	DATE
JOINT ACCOUNT HOLDER 1 SIGNATURE	DATE
JOINT ACCOUNT HOLDER 2 SIGNATURE	DATE

OFFICE USE ONLY

Mbr #: _____ Acct # _____

CU Rep _____ Date Received: ____ / ____ / ____

Current ID verified Debit Card Design: _____