



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 THE MINOR IS 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 \$5.00 _____
 AMOUNT ENCLOSED

YOUth Boost 12 Month Term account — minimum deposit \$250.00 _____
 AMOUNT ENCLOSED

YOUth Journey Checking — minimum opening deposit of \$5.00 _____
 AMOUNT ENCLOSED

- ADDITIONAL SERVICES:** ATM Card VISA Debit Card (if eligible)
 Online Banking (if eligible)

SELECT YOUR DEBIT CARD
 (if eligible)



MINOR'S INFORMATION			
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	MOTHER'S MAIDEN NAME		
IDENTIFICATION TYPE <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> GOVERNMENT ISSUED ID <input type="checkbox"/> SCHOOL ID			
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		
MOTHER'S MAIDEN NAME	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		
MOTHER'S MAIDEN NAME	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
RELATIONSHIP TO BENEFICIARY	PHONE		
BENEFICIARY NAME (FIRST, MIDDLE, LAST, SUFFIX)	SOCIAL SECURITY	BIRTH DATE	
PHYSICAL ADDRESS	CITY	ST	ZIP
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.

X _____ DATE _____
MEMBER SIGNATURE

X _____ DATE _____
JOINT ACCOUNT HOLDER 1 SIGNATURE

X _____ DATE _____
JOINT ACCOUNT HOLDER 2 SIGNATURE

OFFICE USE ONLY

MEMBER NUMBER: _____ ACCOUNTS NUMBER(S): _____
EMPLOYEE NAME: _____ DATE RECEIVED: _____