

the_Max! eBranch and Call 24

Temporary PIN = last 5 digits of SS#

I understand that NGFCU establishes a temporary PIN using the **last 5 digits of my social security number** for accessing my account online on **the_Max!** eBranch and using Call 24 touch-tone telephone account access. I understand that, as soon as my account is established, I should access Call 24 or **the_Max!** eBranch using the temporary PIN and change it to a secret PIN of my own choosing.

VISA ATM/CHECK (DEBIT) CARD OR ATM CARD REQUEST

- Please send me and my authorized user(s) (named herein as joint account holder(s)): (choose one)
- Visa ATM/Check card(s)
 - Globe Image (default if nothing is checked)
 - B-2 Spirit Image
 - Norteller ATM card(s)

I understand that in order to qualify for a Norteller ATM card or a Visa ATM/Check Card, I must have Share Draft set up on this account. I also understand that all card users must be joint account holder(s) on the Regular Share, Share Draft and any other ATM accessible accounts of the primary member.

PAY-ON-DEATH (POD) BENEFICIARY DESIGNATION

(optional)

Upon the death of the last surviving account owner, I/we designate the following beneficiar(y)(ies) to share equally, unless otherwise indicated.

1st Beneficiary

Name _____ Share _____ %

SS# _____

Date of Birth ____ / ____ / ____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

2nd Beneficiary

Name _____ Share _____ %

SS# _____

Date of Birth ____ / ____ / ____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

- Additional beneficiaries are listed on the attached page, which is incorporated by reference.

OVERDRAFT PROTECTION

I would like to designate the following account(s) as overdraft sources in the order I have numbered them. I have placed the number 1, 2, 3, 4, etc. in the box to indicate the order in which I would like the subaccounts accessed for overdraft protection. If a subaccount is not indicated with a number or if the same number is used twice, those accounts will not be established as overdraft sources.

Subaccount(s) under the account number established by this application :

- MoneyMaster Line of Credit
- Share Account Suffix _____
- Money Market Account

Subaccounts under another of my NGFCU accounts:

Account # _____

- MoneyMaster Line of Credit
- Share Account Suffix _____
- Money Market Account

I understand that all signers on my Share Draft Account must be vested on all overdraft sources herein selected. I understand that there are no transfer fees, but I also understand that transfers to cover an overdraft from regular share and money market accounts may affect dividend earnings in those overdraft source accounts. I also understand that advances on my MoneyMaster Line of Credit to cover an overdraft will begin to accrue interest according to the interest accrual guidelines set forth in the MoneyMaster Line of Credit disclosure. Funds will be transferred to cover drafts presented for payment in multiples of \$200 from Regular Shares and Money Market Accounts and in multiples of \$50 from the Money Master Line of Credit. Line of Credit advances will not exceed the approved credit limit. Funds will not transfer automatically from the MoneyMaster Line of Credit to pay another Credit Union loan or from any overdraft source if any outstanding loan is delinquent. Regular Share Account or Money Market Account transfers will not exceed the available funds on deposit. Funds to cover overdrafts are not transferred from the Regular Share Account if the balance would drop below \$5 or from the Money Market Account if the balance would drop below \$2500 after the transfer. If there are insufficient transfer multiples, a lesser amount will be transferred if the draft presented could be paid with the lesser amount. Regulation D allows a maximum of six overdraft or other type of electronic transfers per month from each savings overdraft source. When the maximum of six transfers has been reached, no additional overdraft transfers will be processed from that share or money market account.

290 07/10

Lifestyle...
FULFILLING THE DREAM

Additional Account Application

**NORTHROP GRUMMAN
FEDERAL CREDIT UNION**

ADDITIONAL ACCOUNT APPLICATION, AGREEMENT AND SIGNATURE CARD

ACCOUNT # _____ *Update contact info only if changed or new

PRIMARY MEMBER

Name (1)(a)(b) _____

Social Security/TIN _____ - _____ - _____ Birth Date ____/____/____

Home Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

Employer/Occupation _____

Work Phone (_____) _____

Cell Phone (_____) _____

Email _____

Mother's Maiden Name _____

Driver's License # _____ State _____

JOINT ACCOUNT HOLDER(S)

Name (1)(a)(c) _____

Social Security/TIN _____ - _____ - _____ Birth Date ____/____/____

Home Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

Employer/Occupation _____

Work Phone (_____) _____

Cell Phone (_____) _____

Driver's License # _____ State _____

Name (1)(a)(d) _____

Social Security/TIN _____ - _____ - _____ Birth Date ____/____/____

Home Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

Employer/Occupation _____

Work Phone (_____) _____

Cell Phone (_____) _____

Driver's License # _____ State _____

- (a) When opened as a Trust Account under a fiduciary capacity, as Trustee(s).
- (b) When opened as a Uniform Transfers to Minors Act (UTMA), Minor's name.
- (c) When opened as an UTMA, Custodian(s) information. Custodian will act in a fiduciary capacity as custodian for the minor designated as Primary Member under the Uniform Transfers to Minors Act.
- (d) When opened as an UTMA, the successor custodian information in the event the first custodian is unable to act as custodian, resigns, dies or becomes legally incapacitated.

ACCOUNT OPTIONS

Standard IRA

REGULAR SHARE ACCOUNT \$ _____

Special Share Acct Name _____

HOLIDAY CLUB ACCOUNT \$ _____

HOLIDAY CLUB ACCOUNT RECURRING TRANSFERS

Take recurring transfers to Holiday Club Acct from my:

Account # _____ Suffix _____

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

SHARE DRAFT 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:

Regular Share Account Share Draft Account Money Market Account

IRA TERM ACCOUNT \$ _____

12 mo 24 mo 36 mo 48 mo 60 mo

TOTAL DEPOSIT \$

CHECK ENCLOSED

TRANSFER FROM MY NGFCU ACCT # _____

TRUST ACCOUNT – In the fiduciary capacity as Trustee(s) under the trust agreement presented, the funds in this account are held by the trustee(s) under the terms of the Trust Agreement entitled:

executed on the date of _____

by _____

and _____ as trustor(s).

Check if applicable:

This is a(n) revocable irrevocable trust agreement.

This trust agreement does does not provide the power to borrow and the power to pledge the assets of the trust.

Please provide the following documentation for your Trust:

Certificate of Trust or:

- Title Page
- Trustee(s), and Successor Trustee(s), pages of the trust
- Power of Trust
- Signature Page (notarized)

Office Use Only

Thumbprint

Acct # _____ sfx _____

Acct Name _____

Date Received ____/____/____ CU Rep _____

Date Opened or Changed ____/____/____

- | | | |
|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> NEW SFX | <input type="checkbox"/> NAME CHANGE | <input type="checkbox"/> CLUB |
| <input type="checkbox"/> ADD JOINT | <input type="checkbox"/> UTMA | <input type="checkbox"/> YOUTH |
| <input type="checkbox"/> REOPEN ACCOUNT | <input type="checkbox"/> TRUST | <input type="checkbox"/> BUSINESS |
| <input type="checkbox"/> DELETE JOINT | <input type="checkbox"/> TERM | <input type="checkbox"/> MMA |

ID: _____ Driver's License State _____ NGC

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 # _____

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 Membership Signature Card Account Application/Agreement including the Share Draft with Overdraft Transfer Clause, Electronic Services, Automated Teller, Money Market, Uniform Transfer to Minors, Term, Club and Business Accounts, which I/we have read and understand. I/we acknowledge receipt of a copy of the Truth in Savings Disclosure Statements 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.

SIGNATURES

I/we certify that all the information is current, complete, true and correct. By signing this Agreement, I/we acknowledge receipt of the Truth in Savings Disclosure.

PRIMARY MEMBER SIGNATURE _____ DATE _____

JOINT ACCOUNT HOLDER (1) _____ DATE _____

JOINT ACCOUNT HOLDER (2) _____ DATE _____

Verbal request to open account accepted by: _____
Initials _____ Date _____