

**MEMBERSHIP ACCOUNT APPLICATION,  
AGREEMENT AND SIGNATURE CARD**

The applicant hereby applies for membership in the Northrop Grumman Federal Credit Union and to subscribe for at least one share and to 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.

**PRIMARY MEMBER**

Name \_\_\_\_\_  
 Social Security/TIN \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Physical Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Primary Email \_\_\_\_\_  
 Secondary Email \_\_\_\_\_  
 Mother's Maiden Name/Password \_\_\_\_\_  
 Driver's License \_\_\_\_\_ State \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Sex M  F   
 Employer/Occupation \_\_\_\_\_

**JOINT ACCOUNT HOLDER(1)**

Name \_\_\_\_\_  
 Social Security/TIN \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Physical Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Primary Email \_\_\_\_\_  
 Secondary Email \_\_\_\_\_  
 Driver's License \_\_\_\_\_ State \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Sex M  F   
 Employer/Occupation \_\_\_\_\_

**Please indicate your eligibility for membership**

Employee of \_\_\_\_\_ Division \_\_\_\_\_  
 Employee Number \_\_\_\_\_  
 Family Member  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Member of Southern California Historical Aviation Foundation

**Regular Share (Savings) Account** \$ \_\_\_\_\_  
 A \$5 minimum deposit is required to open an NGFCU account.

**Share Draft (Checking) Account** \$ \_\_\_\_\_  
 A minimum deposit of \$25.00 is required to open an NGFCU Share Draft Account.

**ATM Card**  
 **Visa Debit Card**  
 You must open an NGFCU Share Draft Account in order to be eligible for an NGFCU Visa Debit Card.

**the\_Max! eBranch and Call 24**

I understand that NGFCU establishes a temporary PIN using the last 5 digits of my social security number for registering my account online on **the\_Max!** eBranch and accessing Call 24 touchtone telephone account access. I understand that as soon as my account is established I should use my temporary PIN to access Call 24 or register my account on **the\_Max!** eBranch and change my temporary PIN to one of my own choosing.

**JOINT ACCOUNT HOLDER(2)**

Name \_\_\_\_\_  
 Social Security/TIN \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Physical Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Primary Email \_\_\_\_\_  
 Secondary Email \_\_\_\_\_  
 Driver's License \_\_\_\_\_ State \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Sex M  F   
 Employer/Occupation \_\_\_\_\_

**W-9 TAXPAYER ID CERTIFICATION**

By signing the Agreement, under penalties of perjury, I certify that the number shown on this form is my correct Taxpayer Identification/Social Security Number and that I am a U.S. person (including U.S. resident alien). Check one:  
 I am not subject to backup withholding due to failure to report interest or dividend income.  
 I am subject to backup withholding.

**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. I/we 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 NGFCU to open a Regular Share Account and extend credit to me. I/we authorize NGFCU to contact and inquire of my references, my employer(s), past, present and future, and to obtain consumer reports on me. I/we authorize NGFCU to furnish information concerning my/our account to credit reporting agencies.

PRIMARY MEMBER SIGNATURE _____	DATE _____
JOINT ACCOUNT HOLDER (1) _____	DATE _____
JOINT ACCOUNT HOLDER (2) _____	DATE _____

**PAY-ON-DEATH (POD)  
BENEFICIARY DESIGNATION**

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** Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Share \_\_\_\_\_%  
 SS#/TIN \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_

**2nd Beneficiary** Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Share \_\_\_\_\_%  
 SS#/TIN \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_

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

**Office Use Only**

Account Number \_\_\_\_\_  
 Account Name \_\_\_\_\_  
 Date Received \_\_\_\_\_

Thumbprint

# Membership Application

