



UTMA: (Uniform Transfer To Minors Act) Membership Signature Card/Account Application/Agreement

Complete application, and securely return with a copy of the custodian's unexpired government issued photo identification.

PLEASE INDICATE HOW THE MINOR IS ELIGIBLE FOR MEMBERSHIP:

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

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	BIRTHDATE MM/DD/YYYY		

CUSTODIAN'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	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	

SUCCESSOR CUSTODIAN'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	BIRTHDATE MM/DD/YYYY		

**TRANSFER UNDER UNIFORM TRANSFER TO MINORS ACT
DESIGNATION OF SUCCESSOR CUSTODIAN**

I, _____
(Custodian's First and Last Name)

As custodian for, _____ designates as
(Minor's First and Last Name)

Successor Custodian _____, to serve if I am unable to act as Custodian because I resign, die, or become incapacitated.
(Successor Custodian 's First and Last Name)

By signing below, the Custodian agrees to the following:

1. I agree to the terms and conditions of the form and Northrop Grumman Federal Credit Union's (Credit Union) Truth-in-Savings Disclosure and Agreement, receipt of which is acknowledged.
2. The Credit Union is not responsible for determining the validity of property, of any authority, instrument, or instructions whether by Transferor or Custodian except in accordance with the terms of this agreement. The Credit Union has no duty to the Minor for delivery of the funds in the event the Custodian fails to do so at the appropriate date.
3. Custodian hereby acknowledges receipt of the described funds as custodian for the minor under _____ Uniform Transfers to
(State)
Minors Act (or if not completed, the California UTMA [California Probate Code Section 3900 et. seq.] will apply).
4. I agree that both the minor and I, as custodian, must be members of the Credit Union at all times this account is opened. If I fail to remain a member, the Credit Union has the right to close the account and send a check to me as custodian of the account at my known address.

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.

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.

SIGNATURE AND W-9 TAXPAYER ID CERTIFICATION

(Applies to both the minor and custodian)

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 _____
CUSTODIAN SIGNATURE DATE

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