

Navy Federal®
Application for an Association Account

For Office Use Only	
Access No.	<input type="text"/>
Savings No.	<input type="text"/>

Purpose/Funding
<p>What is the nature/purpose of this account? <i>(Please see below for definitions of account types.)</i></p> <p> <input type="checkbox"/> League or Club <input type="checkbox"/> Recreational <input type="checkbox"/> Benefit Military Personnel <input type="checkbox"/> Memorial/Tragic Event Donations </p> <p>Source of Funds</p> <p> <input type="checkbox"/> Public Unit: These Association Accounts are established with government or municipal funds (lawfully invested in a federal credit union) set aside for the benefit of military or government personnel. </p> <p> <input type="checkbox"/> Private: These Association Accounts are established by and consist of private funds (e.g., contributions from individuals). </p>

Account Information	
Name of Association <i>(Please print.)</i>	Tax ID No. <i>(EIN or SSN*)</i> - -
Name of Organization or Person Associated With Tax ID <i>(if different from name of Association above)</i>	
Current Home Address: Street Cannot Be a Post Office Box	City State Zip Code Phone 1 - -
Mailing Address: Street If Different from Above Address	City State Zip Code Phone 2 - -

*SSN may only be used for a Memorial/Tragic Event Association Account. All other accounts require an EIN (obtained through IRS).

If changing signers, please check the box below.
<input type="checkbox"/> I/We hereby submit this/these updated signature(s) (which replace(s) the application on file) and certify that any signatures shown on any previous applications are hereby void.

Products and Services <i>(Please check all that apply.)</i>
<input type="checkbox"/> Savings Account <input type="checkbox"/> Checking accounts with free Visa® Check Card for each signer listed on next page <input type="checkbox"/> Association Checking <input type="checkbox"/> Flagship Checking <input type="checkbox"/> e-Checking <input type="checkbox"/> Money Market Savings Account <input type="checkbox"/> MMSA <input type="checkbox"/> Jumbo MMSA <input type="checkbox"/> Navy Federal Online® Account Access for each signer listed on next page

Account Descriptions

League or Club Activities
 These accounts are offered to leagues or clubs such as baseball leagues, bowling clubs, and Boy Scout/Girl Scout Troops. All members of the league or club must be eligible for membership with Navy Federal.

Recreational
 These accounts are offered when funds are being raised for recreational activities such as sunshine funds or employee/staff funds. All participants who will benefit from the recreational account must be eligible for membership with Navy Federal.

Benefit Military Personnel
 These accounts are offered for the benefit of military personnel such as wardroom fund accounts, shipmates associations, or Army welcome wagon funds. All members of the military association must be eligible for membership with Navy Federal.

Memorial/Tragic Event Donations
 These accounts are offered to members who wish to establish accounts on behalf of others who are victims of tragic circumstances. These accounts are temporary and remain open for a specified limited time (less than six months). The Social Security Number (SSN) of the member who is an Authorized Signer may be used to open the account.

For Office Use Only	
SOB Code	<input type="text"/>
Employee No.	<input type="text"/>



Information on Signers (Current members only need to fill in Access Number and complete signature area.)

Signer 1		Access No.:	
Name		Date of Birth (MM/DD/YY) / /	Social Security No. - -
Current Home Address: Street Cannot Be a Post Office Box		City State	Zip Code Phone No. - -
Mailing Address: Street If Different from Above Address		City State	Zip Code
Driver's License or Government ID No./State ID No. State	Issue Date (MM/DD/YY) / /	Exp. Date (MM/DD/YY) / /	Email Address

Signer 2		Access No.:	
Name		Date of Birth (MM/DD/YY) / /	Social Security No. - -
Current Home Address: Street Cannot Be a Post Office Box		City State	Zip Code Phone No. - -
Mailing Address: Street If Different from Above Address		City State	Zip Code
Driver's License or Government ID No./State ID No. State	Issue Date (MM/DD/YY) / /	Exp. Date (MM/DD/YY) / /	Email Address

Signer 3		Access No.:	
Name		Date of Birth (MM/DD/YY) / /	Social Security No. - -
Current Home Address: Street Cannot Be a Post Office Box		City State	Zip Code Phone No. - -
Mailing Address: Street If Different from Above Address		City State	Zip Code
Driver's License or Government ID No./State ID No. State	Issue Date (MM/DD/YY) / /	Exp. Date (MM/DD/YY) / /	Email Address

Signer 4		Access No.:	
Name		Date of Birth (MM/DD/YY) / /	Social Security No. - -
Current Home Address: Street Cannot Be a Post Office Box		City State	Zip Code Phone No. - -
Mailing Address: Street If Different from Above Address		City State	Zip Code
Driver's License or Government ID No./State ID No. State	Issue Date (MM/DD/YY) / /	Exp. Date (MM/DD/YY) / /	Email Address

Signer 5		Access No.:	
Name		Date of Birth (MM/DD/YY) / /	Social Security No. - -
Current Home Address: Street Cannot Be a Post Office Box		City State	Zip Code Phone No. - -
Mailing Address: Street If Different from Above Address		City State	Zip Code
Driver's License or Government ID No./State ID No. State	Issue Date (MM/DD/YY) / /	Exp. Date (MM/DD/YY) / /	Email Address

Disclosure

I/We acknowledge that membership at Navy Federal Credit Union comes with certain ongoing responsibilities. By signing this document and providing the appropriate signer information, I/we agree to abide by the properly disclosed terms and conditions of all accounts or services that I/we may receive at Navy Federal. These terms and conditions will be disclosed in accordance with applicable state and federal laws. Property

may be transferred to the appropriate state if there has been no activity within the time period specified by state law.

I (and my authorized user, if he or she has signed this agreement) hereby submit this application for Navy Federal Online Account Access service. I/We understand that this service will provide me access to all existing and future accounts held in my name. My authorized user will

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Disclosure Continued

also have access to all existing and future accounts held in my name, except those where I am designated as the joint owner, co-applicant, or co-signer (guarantor). Additionally, my authorized user will have the ability to enroll in or access my Bill Pay service. Furthermore, I understand that while my authorized user may access my line(s) of credit, I remain solely responsible for repayment if any credit is extended. I/We hereby accept responsibility for safeguarding the password(s) in order to prevent unauthorized access and transactions on the account. I/We agree that Navy Federal may revoke Account Access service if unauthorized access or transactions occur as the apparent result of negligence in safeguarding the password(s). I (and my authorized user, if he or she has signed this agreement) acknowledge receipt of, and agree to, the Navy Federal Online Account Access Service Application, Agreement, and

Disclosure Statement, and all amendments mailed to the address shown on Navy Federal record.

Federal law requires all financial institutions to obtain, verify, and record information that identifies each Association that opens an account, including authorized signers. *What this means for you:* When you open an account, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. It may be necessary for Navy Federal to restrict account access pending further verification.

Signatures are required for parts I and II.

By signing, I/we acknowledge that I/we have read and agree to the information/disclosure above.

I. Signer (1) Signature ▶	Date (MM/DD/YY) / /
Signer (2) Signature ▶	Date (MM/DD/YY) / /
Signer (3) Signature ▶	Date (MM/DD/YY) / /
Signer (4) Signature ▶	Date (MM/DD/YY) / /
Signer (5) Signature ▶	Date (MM/DD/YY) / /

Tax Certification
Under penalties of perjury, I certify that (1) the SSN/ITIN provided on this form is correct, (2) I am not subject to backup withholding, and (3) I am a U.S. citizen or U.S. resident alien unless I have checked the box below. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

II. Signer (1) Signature ▶	Date (MM/DD/YY) / /
<input type="checkbox"/> By checking this box, I certify that I am a non-resident alien and I have completed a Form W-8BEN.	
Signer (2) Signature ▶	Date (MM/DD/YY) / /
<input type="checkbox"/> By checking this box, I certify that I am a non-resident alien and I have completed a Form W-8BEN.	
Signer (3) Signature ▶	Date (MM/DD/YY) / /
<input type="checkbox"/> By checking this box, I certify that I am a non-resident alien and I have completed a Form W-8BEN.	
Signer (4) Signature ▶	Date (MM/DD/YY) / /
<input type="checkbox"/> By checking this box, I certify that I am a non-resident alien and I have completed a Form W-8BEN.	
Signer (5) Signature ▶	Date (MM/DD/YY) / /
<input type="checkbox"/> By checking this box, I certify that I am a non-resident alien and I have completed a Form W-8BEN.	