

PAYABLE ON DEATH (POD) AND DEPOSIT TRUST ACCOUNTS

For account inquiries,
purchases, and servicing,
call **1-888-842-6328**.

If overseas, call
collect at **1-703-255-8837**,
or visit **navyfederal.org**
for a list of international
numbers.

For rates, Account Access, or
online applications, or
to find a branch near you,
visit **navyfederal.org**.

Payable on Death (POD) and Deposit Trust
Accounts are often used by our members to
pass on their savings more easily to loved ones.

Let us handle your POD and Deposit Trust Account needs.

Most of Navy Federal's savings and checking
products can be designated as POD Accounts
or Deposit Trust Accounts. These include:

- > Savings Accounts
- > Checking Accounts
- > Money Market Savings Accounts (MMSAs)
- > Jumbo MMSAs
- > Certificates

Please note:

Individual Retirement Arrangements (IRAs)
cannot be designated as POD Accounts or
Deposit Trust Accounts. IRAs are already
considered Trust Accounts in their own
right. They are regulated by specific federal
guidelines and insured separately by the
National Credit Union Administration (NCUA)
for up to \$250,000.

We have two options—which account is best for you?

The **POD Account** may fill your needs if you
are looking for an account that allows you
access but wish to have the proceeds in the
account paid directly to your beneficiary(ies).
No legal trust documents are required. The
Deposit Trust Account will meet your needs if
you are looking for an account that can hold
funds designated by a legal trust. Legal trust
documents are required.

POD Accounts

Individual POD Account

As the owner, only you have access to your
funds during your lifetime. Upon your death,
the remaining funds are disbursed to the named
beneficiary(ies) on the account, generally
without having to pass through probate.

Joint Owner POD Account

You and the joint owner can access the
account at any time during your lifetimes.

Upon your death, the funds in the account will
be transferred to the joint owner for their use
and discretion. Only upon the death of both
you and the joint owner are funds disbursed
to the designated beneficiary(ies), generally
without going through probate.

No legal trust documents are required—you
simply designate (a) beneficiary(ies) on new
or existing accounts. This type of account is
similar to a joint account with survivorship,
but avoids probate if both account owners
pass away at the same time.

To establish a POD Account, please complete
and submit the *Payable on Death (POD)*
Designation (NFCU 250).

Deposit Trust Accounts

Navy Federal's Deposit Trust Accounts are
depository accounts that can hold funds under
a legal trust.

Legal trusts are set up outside of Navy Federal
and generally require the service of an attorney.
Trusts shelter assets during and after the
grantor's lifetime. A legal trust is required prior
to establishing a Deposit Trust Account.

A Deposit Trust Account is opened in the
name of the trust with the grantor's* Social
Security Number; however, only the trustee(s)
designated in the legal trust agreement can
access the account(s). Funds will be managed
by the trustee, co-trustee, successor trustee,
or trust administrator as outlined in the trust
agreement during the lifetime and upon the
death of the grantor. Generally, funds held
in the trust will not pass through probate.

*Person who establishes legal trust.

Please note:

Once all grantors are deceased, an Employer
Identification Number for the legal trust
is required.

To establish a Deposit Trust Account:

- > Complete and submit the *Application for
Deposit Trust Account* (NFCU 678A).
- > Provide a copy of the legal trust pages that
name the trust and provide the appropriate
signatures that established the trust.
- > Provide a copy of the legal trust pages
designating the trustee(s) and
successor trustee(s).

PAYABLE ON DEATH (POD) AND DEPOSIT TRUST ACCOUNTS

(continued)

Please note:

If you would like a referral to an attorney for assistance in setting up a legal trust, please contact Navy Federal Trust Services** at **1-877-221-8108**.

Federal Insurance Coverage

POD Accounts are insured separately from your other Navy Federal accounts. Each owner is insured for up to \$250,000 per beneficiary.

Deposit Trust Accounts are insured separately from your other Navy Federal accounts. Each grantor is insured for up to \$250,000 per beneficiary established under the trust arrangement.

Insurance coverage examples:

Individual POD Account

Account name: John Doe

Beneficiary: Granddaughter

Amount insurance coverage:

1 owner x 1 beneficiary = \$250,000

Joint Owner POD Account

Account name: John Doe

Primary owner: John Doe

Joint owner: Susan Doe

Beneficiaries: Son and Daughter

Amount insurance coverage:

2 owners x 2 beneficiaries = \$1,000,000

Deposit Trust Account, Example #1

Account name: Doe Family Trust

Grantor: John Doe

Beneficiary: Doe Family Trust

Amount insurance coverage:

1 grantor x 1 beneficiary = \$250,000

Deposit Trust Account, Example #2

Account name: Doe Family Trust

Grantor: Susan Doe

Beneficiary: Doe Family Trust

However, the application reflects that the beneficiaries indicated in the legal trust are identified as five (5) grandchildren.

Amount insurance coverage:

1 grantor x 5 beneficiaries = \$1,250,000

If you have any questions or need additional information, please call us toll-free in the U.S. at **1-888-842-6328**. For toll-free numbers when overseas, visit **navyfederal.org**. Use **1-703-255-8837** for collect international calls.

Navy Federal® Payable on Death (POD) Designation

Access No.

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Use this application to establish or update a POD designation and/or beneficiary(ies) on a savings, checking, MMSA, or certificate account(s).
For this request to be effective, all account holders are required to sign this form.

A. Member Information

Name: First	MI	Last	Suffix
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Navy Federal's Address: Navy Federal Credit Union, PO Box 3000, Merrifield, VA 22119-3000

Navy Federal's Phone Number: 888-842-6328

B. Joint Owner Information *(Joint Owner must be the same Joint Owner on all account(s) being designated as POD on this form.)*

Current Member? ☐ Yes *(Complete name and Access Number only.)* ☐ No *(Complete entire section.)*

Name: First	MI	Last	Suffix	Access No.	Social Security No. (SSN) - -		
Current Home Address: Street <small>Cannot Be a Post Office Box</small>				City	State	Zip Code	Date of Birth (MM/DD/YY) / /
Driver's License or Gov't-issued ID No.	State	Issue Date (MM/DD/YY) / /	Expiration Date (MM/DD/YY) / /	Cell or Other Contact No. - -			
Employer's Name		Type of Business	Job Title	No. of Years			
Employer's Address: Street				City	State	Zip Code	Office Phone No. - -
Other Source(s) of Income <i>(Stocks, Alimony, Pension, etc.)</i>							

Name: First	MI	Last	Suffix	Access No.	Social Security No. (SSN) - -		
Current Home Address: Street <small>Cannot Be a Post Office Box</small>				City	State	Zip Code	Date of Birth (MM/DD/YY) / /
Driver's License or Gov't-issued ID No.	State	Issue Date (MM/DD/YY) / /	Expiration Date (MM/DD/YY) / /	Cell or Other Contact No. - -			
Employer's Name		Type of Business	Job Title	No. of Years			
Employer's Address: Street				City	State	Zip Code	Office Phone No. - -
Other Source(s) of Income <i>(Stocks, Alimony, Pension, etc.)</i>							

C. Designated Accounts *(Choose one.) — Joint Owner listed above will be added to accounts selected below*

<input type="checkbox"/> Add POD designation to all existing and any future account(s) established after this dated application, with the same beneficiary(ies) and same joint owner (if applicable), unless otherwise specifically indicated in writing received by Navy Federal.
<input type="checkbox"/> Add POD designation to existing accounts selected below, with the same beneficiary(ies) and same joint owner (if applicable). Does not include future accounts. (List account numbers that apply.) Savings _____ Certificate(s) _____ Checking _____ MMSA/Jumbo MMSA _____
<input type="checkbox"/> Remove all existing POD designations, with the same beneficiary(ies) and same joint owner (if applicable). Form must be signed by all account holders, as applicable, to be effective.
<input type="checkbox"/> Remove only existing POD designations selected below, with the same beneficiary(ies) and same joint owner (if applicable). Form must be signed by all account holders, as applicable, to be effective. (List account numbers that apply.) Savings _____ Certificate(s) _____ Checking _____ MMSA/Jumbo MMSA _____

Continue on next page.

D. Designate Beneficiary(ies) *(Choose one.)*

☐ Assign beneficiary(ies) – I designate the individual(s) or entity named below as my beneficiary(ies).

☐ Replace beneficiary(ies) – I designate the individual(s) or entity named below as my new beneficiary(ies), and hereby revoke all prior beneficiary(ies) designations.

☐ Add beneficiary(ies) – I designate the individual(s) or entity named below as my beneficiary(ies). This supplements, and does not replace, the beneficiary(ies) previously designated. (When adding beneficiaries, if the share percentage of a previously designated beneficiary(ies) changes, restate all beneficiaries and the corresponding share percentage.) If no percentages are indicated or if there is a discrepancy so that the total percentage does not equal 100%, then the surviving beneficiaries shall receive equal distributions.

☐ Remove beneficiary(ies) – I remove the individual(s) or entity named below as my beneficiary(ies). Form must be signed by all account holders, as applicable, to be effective.

E. Beneficiary Information

*Choose either a named beneficiary **OR** a Legal Trust. A Legal Trust designation shall supersede any named individual beneficiary(ies).*

Name	Address	Date of Birth (MM/DD/YY)	Relationship	Social Security Number	Percentage (Must equal 100%)
		/ /		- -	
		/ /		- -	
		/ /		- -	
		/ /		- -	
		/ /		- -	
OR Legal Trust				Trustee	

F. Survivorship Designation and Disclosure Agreement

I/We hereby request a Payable on Death (POD) designation for the beneficiary(ies) listed for the account(s) designated in this application, and I/we agree to the terms, designations, and survivorship designation on this form.

It is understood and agreed that subject to the credit union’s bylaws and applicable state and federal laws, rules, and regulations, all sums paid into the account(s) may be pledged to the credit union as security for a loan by either me, the joint owner, or both, if applicable; and further that all account funds may be withdrawn in whole or in part by any account holder.

I acknowledge that membership at Navy Federal Credit Union comes with certain ongoing responsibilities. By signing this document, my joint owner(s), if any, and I agree to abide by the properly disclosed terms and conditions of all accounts or services that I/we receive at Navy Federal. These terms and conditions are disclosed in accordance with applicable state and federal laws and are provided in the disclosure and agreement forms. If “Joint Account with Survivorship” is selected, then upon the death of either account holder, Navy Federal reserves the right to re-title the POD designated account(s) to the surviving account holder. In addition, all parties to this account acknowledge that the rights of the surviving account holder shall not be abridged and that all surviving account holders shall retain full use and authority over the funds in the account.

Upon the death of all the account holders if the designation is “With Survivorship,” or upon the death of either account holder if the designation is “No Survivorship,” funds in the account(s) shall be made payable and distributed to the surviving beneficiary, or if more than one beneficiary, to the surviving beneficiaries equally unless a percentage designation is indicated. If a member’s Legal Trust is the named beneficiary, this designation shall supersede any individually named beneficiary(ies), and payment will be made in full to the Legal Trust.

I/We understand and agree that I/we am/are responsible for properly designating the respective percentage shares for the respective beneficiaries so that the total percentage equals 100%. If there is a discrepancy in the percentage shares and the total does not equal 100%, then I/we agree that the designation shall automatically be determined for the surviving beneficiaries to share the distribution equally.

I/We have read and agree to the terms and conditions of the Important Disclosure Booklet (*NFCU 606*). Property may be transferred to the appropriate state if there has been no activity within the time period specified by state law.

I/We understand that Navy Federal reserves the right to enforce a statutory lien against any savings and dividends I/we have individually or jointly on deposit at Navy Federal if I/we fail to satisfy any financial obligation I/we have with Navy Federal. Navy Federal may enforce this right without prior notice.

I/We understand and agree that I/we must notify the credit union if any new account should not be included under this POD designation if I/we have requested that all existing and any future account(s) be included in the POD designation.

Beneficiary(ies) may be changed at any time by submitting a new POD Designation form (*NFCU 250*), signed by all account holders, as applicable, to be effective.

The survivorship designation on this form shall supersede the designation on all accounts included with this form.

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account, including joint owners and 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 or delay the approval of loans pending further verification.

☐ Joint Account with Survivorship
(On the death of an owner, the deceased's ownership interest in the account passes to the surviving account owner.)

☐ Joint Account – No Survivorship
(On the death of an owner, the ownership of the account funds passes to the beneficiary(ies) as designated, regardless of the survival of the joint owner.)

The survivorship designation on my Payable on Death (POD) account applies to all other POD accounts with the same joint owner, unless specifically designated otherwise for a particular account in writing. If a survivorship option has not been indicated on this application, the account(s) will be designated as Joint Account with Survivorship.

G. Signatures are required for Parts I and II

By signing, I/we make the designations set forth and agree to the information/disclosures provided on the previous page.

Part I. Signature of Member (Required)	Date (MM/DD/YY)
	
Signature of Joint Owner (As applicable)	Date (MM/DD/YY)
	
Signature of Joint Owner (As applicable)	Date (MM/DD/YY)
	

Part II. 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.

Signature of Joint Owner	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.	
Signature of Joint Owner	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.	

Navy Federal®

Application for Deposit Trust Account

Access No.

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This application is used to reassign or establish accounts in the name of a Legal Trust. An Access Number will be created for the Legal Trust at the time the Deposit Trust Account is established. This application requires a Social Security Number (SSN/ITIN) or an Employer Identification Number (EIN) and a copy of the Legal Trust pages that: (1) name the Legal Trust, (2) provide the signatures that established the Trust, and (3) provide the Trustee designations.

Account Title

Name of Legal Trust		
Social Security No. (SSN or ITIN) or Employer Identification No.		Grantor (If different from Trustee)
		Grantor's Access No.
Navy Federal's Address: Navy Federal Credit Union PO Box 3000, Merrifield, VA 22119-3000		Navy Federal's Phone Number: 888-842-6328

Trustee Information

M/F	Name: First	MI	Last	Suffix	Access No.	
	<input type="checkbox"/> Navy	<input type="checkbox"/> Marine Corps	<input type="checkbox"/> Army	<input type="checkbox"/> Air Force	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Other
Rank	Pay Grade	Branch of Service				
Cannot Be a Post Office Box						
Current Home Address: Street		City	State	Zip Code	Date of Birth (MM/DD/YY)	
If Different from Above Address						
Mailing Address: Street		City	State	Zip Code	Social Security No. (ITIN)	
Driver's License or Government ID No./State		Issue Date (MM/DD/YY)	Exp. Date (MM/DD/YY)	Home Phone No.		
Email Address			Office Phone No.	Cell or Other Contact No.		
Employer's Name			Employer's Address			
Type of Business		Job Title	No. of Yrs.	Other Source(s) of Income (Stocks, Alimony, Pension, etc.)		

Co-trustee Information (Include address only if different from Grantor's/Trustee's)

M/F	Name: First	MI	Last	Suffix	Access No.	
	<input type="checkbox"/> Navy	<input type="checkbox"/> Marine Corps	<input type="checkbox"/> Army	<input type="checkbox"/> Air Force	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Other
Rank	Pay Grade	Branch of Service				
Cannot Be a Post Office Box						
Current Home Address: Street		City	State	Zip Code	Date of Birth (MM/DD/YY)	
If Different from Above Address						
Mailing Address: Street		City	State	Zip Code	Social Security No. (ITIN)	
Driver's License or Government ID No./State		Issue Date (MM/DD/YY)	Exp. Date (MM/DD/YY)	Home Phone No.		
Email Address			Office Phone No.	Cell or Other Contact No.		
Employer's Name			Employer's Address			
Type of Business		Job Title	No. of Yrs.	Other Source(s) of Income (Stocks, Alimony, Pension, etc.)		

Persons Currently Listed in Your Legal Trust as Beneficiaries (Subject to change if Legal Trust is amended)

Name	Address	Relationship	Social Security Number

Note: In the event of the Grantor's death, the beneficiaries designated in the Legal Trust document shall be considered the actual beneficiaries.

Additional information on reverse.



Trust Options (A new Access Number will be established separate from your existing Access Number.)

For Existing Accounts

I would like to reassign the following accounts to the name of the Legal Trust. Please include all account numbers that should be reflected under the Legal Trust.

☐ Savings _____
(1) A membership savings account must be maintained.
(2) A new Trust savings account can be established to transfer individual savings account funds.
(3) Current savings account balance may be transferred to the new Trust savings account except for the required \$5 minimum to maintain membership.

☐ Checking Account _____

☐ MMSA _____

☐ Jumbo MMSA _____

☐ Certificate(s) _____

To Establish New Accounts

I would like to establish a new account under the Legal Trust.

☐ Trust Savings
Required for a new or existing certificate account.

☐ Checking (Select one option.)

☐ EveryDay Checking
☐ e-Checking
☐ Flagship Checking
☐ Active Duty Checking®

☐ MMSA
Amount _____
Transfer From _____

☐ Jumbo MMSA
Amount _____
Transfer From _____

☐ Certificate(s)
Term _____
Amount _____
Transfer From _____

☐ I would like to have Navy Federal Online® (NFO) Account Access.

Disclosure Agreement

I/We hereby apply for a Deposit Trust Account at Navy Federal Credit Union in my/our name(s) as Trustee/Co-trustee for the Legal Trust on reverse. With this application, I/we certify that the Grantor(s)/Trustor(s) and/or the Trustees are members of Navy Federal Credit Union.

I/We hereby affirm that the authority to establish a Deposit Trust Account has been granted pursuant to a legally binding Trust agreement as evidenced by the Declaration of Trust, which accompanies this application and agreement.

It is understood and agreed that subject to the provisions of the credit union's bylaws and applicable state and federal laws, rules, and regulations, all sums paid into the account may be pledged to the credit union as security for a loan or loans to the Trustee/Co-trustee, or withdrawn in whole or in part by any Trustee/Co-trustee during their lives.

All parties to this account acknowledge that the rights of the surviving Trustee/Co-trustee shall not be abridged and that all surviving Trustee(s)/Co-trustee(s) shall retain full use and authority over the funds in the account.

Upon the death of the Grantor, funds in the account will be administered by the Trustee, Co-trustee(s), Successor Trustee, or administrator of the Trust as designated by the Legal Trust.

I/We certify that all Trustee(s)/Co-trustee(s) having access to this account have been properly listed in this application and that this application reflects the rights and responsibilities of all parties as stated in the Declaration of Trust.

I/We acknowledge that Navy Federal shall act in its capacity as a financial institution and assumes no responsibility for the action(s), including but not limited to the deposit or withdrawal of funds, by the Trustee/Co-trustee. All Trustee(s)/Co-trustee(s), regardless of date of amendment and/or subsequent assignment, hereby agree with each other and Navy Federal that they shall discharge Navy Federal from any liability due to the actions of any Trustee/Co-trustee in regard to this account.

I/We agree that the terms of the Legal Trust agreement will be binding and that I/we assume responsibility for notifying Navy Federal of any changes to the Trust agreement as it relates to this application.

I/We acknowledge that Navy Federal reserves the right to terminate this or any account that it deems to be maintained in an unsound manner.

I/We have read and agree to the terms and conditions of the Important Disclosure Booklet (NFCU 606). Property may be transferred to the appropriate state if there has been no activity within the time period specified by state law.

I/We understand that Navy Federal reserves the right to enforce a statutory lien against any savings and dividends I/we have on deposit at Navy Federal if I/we fail to satisfy a financial obligation I/we have with Navy Federal. Navy Federal may enforce this right without prior notice.

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account, including Trustees, Co-trustees, and 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. The Trustee/Co-trustee hereby submits this application for Navy Federal Online Account Access service. I/We understand that this service will provide the Trustees access to all existing and future accounts held in the name of the Legal Trust. Additionally, the Trustees will have the ability to enroll in or access Bill Pay service for the Legal Trust. 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). If Navy Federal is notified that I/we have included the credit union in the filing of a petition of bankruptcy, Navy Federal may revoke Account Access service to the account. The Trustees acknowledge receipt of, and agree to, the Navy Federal Online Account Access and Mobile Banking Disclosure Terms and Conditions (NFCU 652-A) and all amendments mailed to the address shown on Navy Federal records.

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

Signature of Trustee (Required)

Date (MM/DD/YY)

Signature of Co-trustee (If applicable)

Date (MM/DD/YY)

Tax Certifications and Signatures

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.**

Signature of Trustee (Required)

Date (MM/DD/YY)

☐ By checking this box, I certify that I am a non-resident alien and I have completed a Form W-8BEN.

Signature of Co-trustee (If applicable)

Date (MM/DD/YY)

☐ By checking this box, I certify that I am a non-resident alien and I have completed a Form W-8BEN.