

ACCESS NO.

Credit Union DISASTER RECOVERY ACCOUNT UPDATE

| OFCUL OFFICIT DISASTER RECOVERT ACCOUNT | I UPDAI | E c | | |
|--|--------------|--------------------------|----------------------|------------|
| During this time of disaster recovery, Navy Federal® is offering assistance concerning your accounts with the credit union. By completing this form, we can better understand your current circumstance and help establish a course of action. Please mail or fax this form to Navy Federal Credit Union®, PO Box 3100, Merrifield VA 22119-3100. Our fax number is 703-255-7560. Should you have any questions, please call us at 1-800-336-3767, 8:00 am to 9:00 pm, Eastern time, Monday through Friday. | | | | |
| NAME (FIRST MI | | | LAST) | |
| ADDRESS STREET | CITY | STATE | | ZIP CODE) |
| ISTHIS ADDRESS? | PHONE NO. (| 1) | PHONE NO. (2) () | |
| EMAIL ADDRESS | 1 | | | |
| WAS THERE ANY DAMAGE TO YOUR HOME, CAR OR OTHER COLLATERAL? | | HE CONDITION OF THE COLL | | |
| DO YOU HAVE POSSESSION OF THE COLLATERAL? | WHERE IS TH | E COLLATERAL LOCATED? | | |
| HAVE YOU SPOKEN TO YOUR INSURANCE AGENT? | PLEASE EXPLA | AIN) | | |
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| HAS YOUR EMPLOYMENT STATUS CHANGED? | | | | |
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| EMPLOYER'S NAME AND CONTACT INFORMATION | | | | |
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| ADDITIONAL INFORMATION YOU WOULD LIKE TO PROVIDE TO US | | | | |
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| MEMBER'S STATEMENT OF CIRCUMSTANCE: TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED IN THIS FORM IS ACCURATE. | | | | |
| MEMBER'S SIGNATURE | | | DATE (MO., DA) | (,YR.) |