

# Navy Federal® Membership Agreement (For Applicants 18 and over)

This form is NOT to be used to change member or account information.

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

## A. Your Information

<input type="checkbox"/> Male <input type="checkbox"/> Female	Name: First	MI	Last	Suffix	Social Security No. (ITIN)	Date of Birth (MM/DD/YY)
					- -	/ /

## B. Membership Eligibility

<input type="checkbox"/> Military <input type="checkbox"/> Civilian <input type="checkbox"/> Contractor	<input type="checkbox"/> NFCU Employee <input type="checkbox"/> Association/Community/Company:	<b>Family/Household Member</b> Sponsor Access No. _____ <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Grandchild <input type="checkbox"/> Grandparent <input type="checkbox"/> Household
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## C. Affiliation (If none, use sponsor's affiliation.)

<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"/> National Guard	<input type="checkbox"/> Non-Military DoD
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## D. Employment Status

<input type="checkbox"/> Active Duty	<input type="checkbox"/> Reservist	<input type="checkbox"/> Recruit	<input type="checkbox"/> National Guard
If applicable: Pay Grade _____		Re-enlistment/EAOS Date _____	
<input type="checkbox"/> Active DoD/U.S. Government Civilian Employee	<input type="checkbox"/> Employed Outside of the Government	<input type="checkbox"/> Retired, Receiving Annuity	<input type="checkbox"/> Retired, Still Employed
<input type="checkbox"/> Military Academy	<input type="checkbox"/> Officer Candidates	<input type="checkbox"/> ROTC	<input type="checkbox"/> Non-Wage Earner <input type="checkbox"/> Student

## E. Contact Information

Current Home Address: Street Cannot Be a Post Office Box	City	State	Zip Code	No. of Years at Residence
Mailing Address: Street If Different from Above Address	City	State	Zip Code	
Driver's License or Government ID No. or State ID No. ID No.	State	Issue Date (MM/DD/YY) / /	Exp. Date (MM/DD/YY) / /	
Email Address	Home Phone No. - -	Mobile Phone No. *(For Mobile Banking) - -		

## F. Employment Information

Employer's Name	Job Title	Type of Business	No. of Years with Employer
Employer's Address: Street	City	State	Zip Code
		Office Phone No. - -	Other Source(s) of Income**

\*\*Stocks, Alimony, Pension, etc.

## G. How Did You Hear About Navy Federal?

<input type="checkbox"/> Website	<input type="checkbox"/> Newspaper/Magazine	<input type="checkbox"/> Coworker/Friend	<input type="checkbox"/> Family Member	<input type="checkbox"/> Employer	<input type="checkbox"/> Other	Promo Code: _____
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## H. Products and Services (You will receive the products and services checked unless you indicate otherwise.)

<input checked="" type="checkbox"/> Savings/Membership Account (Required)	<input checked="" type="checkbox"/> Navy Federal Online® Account Access
<input checked="" type="checkbox"/> Checking Account with free Visa® Check Card If you do not select a type, an Everyday Checking account will be opened automatically.	<input type="checkbox"/> I do not want Navy Federal Online Account Access.
<input type="checkbox"/> Active Duty Checking®	<input type="checkbox"/> Mobile Banking* (Fill out Mobile Phone Number in Contact Information)
<input type="checkbox"/> e-Checking	<input type="checkbox"/> I do not want Mobile Banking.
<input type="checkbox"/> Everyday Checking	<input type="checkbox"/> I want Checking Line of Credit (Minimum \$500—Subject to credit approval)
<input type="checkbox"/> Flagship Checking	Annual Salary \$ _____ Length of Time at Residence _____
<input type="checkbox"/> Campus Checking	Monthly Payment \$ _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own
<input type="checkbox"/> I do not want a Navy Federal checking account.	

▶ To set up Direct Deposit, complete the form below and include with your application.

▶ Two signatures are required on reverse to complete application.

Please turn over →

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



## Navy Federal Credit Union® Direct Deposit of Net Pay Enrollment

Name: First	MI	Last	Suffix
Current Home Address: Street	City	State	Zip Code
I hereby authorize the company named below to initiate Direct Deposits to the account indicated.			
Company name:			

## Account Information

Navy Federal Credit Union	Account No. 1 <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market	Account No. (10 digits, not Access Number)	Amount of Deposit <input type="checkbox"/> Net Pay <input type="checkbox"/> Other \$
2560-7497-4	Account No. 2 <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market	Account No. (10 digits, not Access Number)	Amount of Deposit <input type="checkbox"/> Net Pay <input type="checkbox"/> Other \$

This authorization is to remain in effect until the payment office has received written notification from me to terminate the Direct Deposit.

Signature ▶	Date (MM/DD/YY) / /
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Photocopy as Needed

I. Joint Owner Information					Access No. (if applicable)	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Name: First	MI	Last	Suffix	Social Security No. (ITIN)	Date of Birth (MM/DD/YY)
Current Home Address: Street <small>Cannot Be a Post Office Box</small>					City	State
Mailing Address: Street <small>If Different from Above Address</small>					City	State
Driver's License or Government ID No. or State ID No.					Issue Date (MM/DD/YY)	Exp. Date (MM/DD/YY)
ID No.					State	
Email Address					Home Phone No.	Cell or Other Contact No.
					- -	- -

J. Joint Owner Employment Information				
Employer's Name	Job Title	Type of Business	No. of Years with Employer	
Employer's Address: Street	City	State	Zip Code	Office Phone No.
				- -
Other Source(s) of Income*				

\*Stocks, Alimony, Pension, etc.

Disclosure Agreement and Survivorship Designation
<p>I/We acknowledge that membership at Navy Federal comes with certain ongoing responsibilities. By signing this document, I/we acknowledge receipt of and agree to all terms and conditions in the Important Disclosure booklet and all other disclosed terms and conditions of all accounts and services that I/we may receive at Navy Federal. These terms and conditions will be disclosed in accordance with applicable state and federal laws. I/We authorize Navy Federal to obtain a consumer credit report to evaluate my/our creditworthiness.</p> <p>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. Property may be transferred to the appropriate state if there has been no activity within the time period specified by state law.</p> <p>Security Interest: I/We acknowledge and pledge to Navy Federal a statutory lien in my/our shares and dividends on deposit in all joint and individual accounts and any monies held by Navy Federal now and in the future to the extent of any loan made and any charges payable. The statutory lien does not apply to shares in any Individual Retirement Account.</p> <p>I/We acknowledge and pledge to Navy Federal a security interest in the collateral securing loan(s) that I/we have with Navy Federal now and in the future, including any type of change or increase; and any proceeds from the sale of such collateral and of insurance thereon, not to exceed the unpaid balance of the loan. This security interest in collateral securing other loans does not apply to loan(s) on my/our primary residence.</p> <p><b>A qualifying Military Direct Deposit of Net Pay must post to your Active Duty Checking account within 90 days of account opening. If the Military Direct Deposit stops for more than 90 days, the account converts to an Everyday Checking account.</b></p> <p>Campus Checking accounts convert to e-Checking accounts on the member's 22nd birthday. When this occurs, the terms of the e-Checking account will apply. You will be notified of this change. Please see Navy Federal's current Schedule of Fees and Charges for important account information.</p> <p> <input type="checkbox"/> Joint Account—With Survivorship  <small>(On the death of an account owner, the decedent's shares pass to the surviving owner.)</small> </p> <p> <input type="checkbox"/> Joint Account—No Survivorship  <small>(On the death of an account owner, the decedent's shares pass to the estate.)</small> </p> <p>The survivorship designation on my membership/savings account applies to all other joint accounts with the same joint owner, unless specifically designated otherwise for a particular account in writing. If a survivorship option has not been indicated here, your accounts will be designated as Joint with Survivorship.</p>

## Signatures are required for parts I and II

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

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

Part II.	
Signature of Member (Required)	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 (If applicable)	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.	

**Account Funding-A \$5.00 deposit is required to establish membership.**

Submission Options	
▶ Fax: 703.206.4600	▶ Online: Visit navyfederal.org, select "Join Now" to establish and fund accounts
▶ Mail: PO Box 3000, Merrifield, VA 22119-3000	▶ Branch: Visit navyfederal.org/branches-atms/index.php to locate a branch office