

Navy Federal® Application for an Association Account

A. Purpose

Please indicate the purpose of your application:

- New Association Account*
 Change name of existing Association Account*
 Change signer(s) on an existing Association Account (*If all signers are changing**)
 I/We hereby submit this/these updated signature(s), which replace(s) the signature(s) in the application on file, and certify that any signatures on any previous applications are hereby void.
 New Memorial Account Change name on existing Memorial Account Change signer(s) on existing Memorial Account

*Please provide a letter from the Commanding Officer. If Non-military Association Account, please provide a letter from the association president, if applicable.

B. Type of Association

- League or Club Activities Recreational Benefit Military Personnel Memorial/Tragic Event Donations

League or Club Activities

Leagues & Club Accounts
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

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

Below: 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/Traffic Event Donations

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.

C. Source of Funding

- Public Unit:** These Association Accounts are established with **government or municipal** funds (*lawfully invested in a federal credit union*) and set aside for the benefit of military or government personnel.

Private: These Association Accounts are established by and consist of private funds (e.g., *contributions from individuals*).

D. Account Information

Name of Association (*Please print.*)

Tax ID No. (*EIN or SSN/ITIN***)

Name of Organization or Person to Whom Tax ID Was Issued

Current Home Address: Street _____ City _____ State _____ Zip Code _____ Phone No. 1 _____
Cannot Be a Post Office Box

Mailing Address: Street _____ City _____ State _____ Zip Code _____ Phone No. 2
If Different From
Above Address

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

E. Products and Services (Please check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Savings Account | <input type="checkbox"/> Checking Accounts With Navy Federal Debit Card |
| <input type="checkbox"/> Money Market Savings Account | <input type="checkbox"/> Association Checking |
| <input type="checkbox"/> MMSA <input type="checkbox"/> Jumbo MMSA | <input type="checkbox"/> Flagship Checking |
| | <input type="checkbox"/> Easy Checking |
| | <input type="checkbox"/> Navy Federal Online Banking (<i>Mobile Banking and Bill Pay services are not available.</i>) |

F. 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/YYYY)	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/YYYY)		Exp. Date (MM/DD/YYYY)	
I would like:		Email Address (Required for Navy Federal Online Banking)			
<input type="checkbox"/> Navy Federal Online Banking <input type="checkbox"/> Navy Federal Debit Card					

For Office Use Only

Document Used to Open New Association Account or Association Name Change.	<input type="checkbox"/> Letter from Commanding Officer/President of the Association <input type="checkbox"/> IRS Document	
Documents Used to Change Authorized Signers <i>(One of the following must be met.)</i>	<input type="checkbox"/> At least one Authorized Signer did not change (no documents needed) <input type="checkbox"/> Commanding Officer Letter <input type="checkbox"/> Letter from the President of the Association	
Employee No.	SOB Code	Access Number



Signer 2	Access No.:		
Name		Date of Birth (MM/DD/YYYY)	Social Security No.
Current Home Address: Street Cannot Be a Post Office Box		City	State
Mailing Address: Street If Different From Above Address		City	State
Driver's License or Government ID No./State ID No.		Issue Date (MM/DD/YYYY)	Exp. Date (MM/DD/YYYY)
I would like: <input type="checkbox"/> Navy Federal Online Banking <input type="checkbox"/> Navy Federal Debit Card		Email Address (Required for Navy Federal Online Banking)	

Signer 3	Access No.:		
Name		Date of Birth (MM/DD/YYYY)	Social Security No.
Current Home Address: Street Cannot Be a Post Office Box		City	State
Mailing Address: Street If Different From Above Address		City	State
Driver's License or Government ID No./State ID No.		Issue Date (MM/DD/YYYY)	Exp. Date (MM/DD/YYYY)
I would like: <input type="checkbox"/> Navy Federal Online Banking <input type="checkbox"/> Navy Federal Debit Card		Email Address (Required for Navy Federal Online Banking)	

G. Disclosure and Agreement

Account Disclosures: I/we acknowledge that membership/account ownership 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 terms and conditions in the Important Disclosures booklet and all other properly disclosed terms and conditions of all accounts and/or services that I/we may receive at Navy Federal. These terms and conditions will be disclosed in accordance with applicable federal and state laws. I/we understand that Navy Federal may restrict or suspend my/our services if I/we engage in conduct that is abusive to the credit union or its membership. I/we acknowledge that the association's property may be transferred to the appropriate state if there has been no activity on any of the association's accounts within the time period specified by state law.

Escheatment: I/we acknowledge that my/our property may be transferred to the appropriate state (i.e., "escheated") if there has been no activity on any of our association's accounts within the time period specified by state law.

Consumer Reports: By submitting an application, I/we authorize Navy Federal to obtain a consumer credit report to evaluate my/our creditworthiness so that I/we may be considered for other Navy Federal products and services. I/we also authorize Navy Federal to obtain consumer reports for purposes of evaluating this application and reviewing any Navy Federal accounts I/we/the association open(s). I/we understand these reports may be used in decisions to deny account applications, close accounts, and/or restrict accounts or services.

Online Banking: By checking "Navy Federal Online Banking," I/we understand that I/we are applying for authorized user access via Navy Federal Online Banking for the association account. I/we understand that this service will provide me/us access to all existing and future accounts held in the name of this association. I/we hereby accept responsibility for safeguarding and protecting my/our/the association's password(s) and other credentials and access device(s) used to access Navy Federal Online Banking, in order to prevent unauthorized access and transactions on the account. I/we further understand and agree that Navy Federal may revoke my/our Online Banking access if unauthorized access or transactions occur as the apparent result of my/our negligence in safeguarding my/our/the association's access credentials or access device(s). I/we acknowledge receipt of, have read, understand, and agree to the terms and conditions as set forth in the Mobile Banking, Online Banking, and Bill Pay Terms and Conditions.

Identification: 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.

H. Required Signatures and Tax Certification

By signing, I/we acknowledge that I/we have read and agree to the information in this document, including the Disclosure and Agreement.

Tax Certification (This certification does not apply if I have checked the box below my signature.)

Under penalty of perjury, I certify that (1) the EIN or SSN/ITIN provided is correct, (2) the entity (association/I/payee as applicable) is not subject to backup withholding, and (3) the entity is a U.S. person, U.S. citizen, or U.S. resident alien.

The FATCA code certification does not apply.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signer (1) Signature ►	Date (MM/DD/YYYY)
<input type="checkbox"/> By checking this box, I certify that I am not (or, if signing for a minor, the minor is not) a U.S. citizen or a green card holder and that I have completed form W-8BEN.	
Signer (2) Signature ►	Date (MM/DD/YYYY)
<input type="checkbox"/> By checking this box, I certify that I am not (or, if signing for a minor, the minor is not) a U.S. citizen or a green card holder and that I have completed form W-8BEN.	
Signer (3) Signature ►	Date (MM/DD/YYYY)
<input type="checkbox"/> By checking this box, I certify that I am not (or, if signing for a minor, the minor is not) a U.S. citizen or a green card holder and that I have completed form W-8BEN.	

Submission Instructions:

Fax: Fax completed form and supporting documents to 703.206.4600, Attn: "Membership Administration". OR

Mail: Send completed form and photocopy of supporting documents to Attn: "Membership", P.O. Box 3002, Merrifield, VA 22116-9887. OR

Online: Sign in to Online Banking > Select "Messages" tab > Select "Send Us a Message" tab > Under "My Message is About:", select "General" > Under "Regarding", select "General Inquiry" > Fill out "Subject:" as "Association Application". Attach completed application and supporting documents. OR

Branch: Go to navyfederal.org/branches-atms/index.php to find your closest branch office.