

**Disclosure**  
(Please Read And Sign Page 3 to Complete Application)

I acknowledge that membership at Navy Federal Credit Union comes with certain ongoing responsibilities. By signing this document, I agree to abide by the properly disclosed terms and conditions of all accounts or services that I may receive at Navy Federal. These terms and conditions will be disclosed in accordance with applicable state and federal laws. **I authorize Navy Federal Credit Union to obtain a consumer credit report to evaluate my creditworthiness.**

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

**Active Duty Direct Deposit of net pay must post to the Active Duty Checking Account within 60 days of account opening. If the Active Duty Direct Deposit stops for more than 60 days, the account converts to an EveryDay Checking Account.**

**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.**

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.

FOR OFFICE USE ONLY	
SOB CODE	
EMPLOYEE NO.	



**MEMBERSHIP APPLICATION**  
(For applicants 18 and over)

FOR OFFICE USE ONLY
SHARE SAVINGS NO.
ACCESS NO.

Membership Eligibility (Complete Parts I and II)		
PART I—BRANCH OF SERVICE/AFFILIATION (CHECK ONE)		
<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		
PART II—SELECT YOUR STATUS AS APPLICABLE		
MILITARY STATUS	RANK	PAY GRADE
<input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> Reservist <input type="checkbox"/> ROTC	RE-ENLISTMENT DATE — —	
CIVILIAN STATUS		
<input type="checkbox"/> U.S. Government <input type="checkbox"/> Contractor <input type="checkbox"/> NFCU Employee		
FAMILY STATUS		
NAME OF MEMBER THROUGH WHOM YOU ARE ELIGIBLE _____		
ACCESS NO. _____ RELATIONSHIP TO MEMBER _____		

Your Information			
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	NAME: FIRST	MI	LAST
			SUFFIX
CURRENT HOME ADDRESS CANNOT BE A POST OFFICE BOX			DATE OF BIRTH (MO., DAY, YR)
CITY			STATE
STATE			ZIP CODE
MAILING ADDRESS IF DIFFERENT FROM ABOVE ADDRESS			SOCIAL SECURITY NO. (ITIN)
CITY			HOME PHONE
STATE			( )
ZIP CODE			CELL OR OTHER CONTACT NO.
E-MAIL ADDRESS			( )
DRIVER'S LICENSE OR GOVERNMENT ISSUED ID NO.		STATE	EXPIRATION DATE (MO., DAY, YR)
			— —

Employer Information/Other Source(s) Of Income			
EMPLOYER'S NAME			OFFICE PHONE
			( )
EMPLOYER'S ADDRESS: STREET		CITY	STATE
			ZIP CODE
TYPE OF BUSINESS		JOB TITLE	NO. OF YEARS
OTHER SOURCE(S) OF INCOME (STOCKS, ALIMONY, PENSION, ETC.)			



**Products and Services**

**YOU'LL RECEIVE THE PRODUCTS AND SERVICES CHECKED UNLESS YOU INDICATE OTHERWISE.**

**SHARE SAVINGS/MEMBERSHIP ACCOUNT REQUIRED**

**CHECKING ACCOUNTS WITH FREE VISA® CHECK CARD**  
If you do not select a type, an EveryDay Checking account will be opened automatically.

FEATURES	Pays Dividends	ATM Rebates	Web Bill Pay	Minimum Balance to Open	Service Fee Per Statement Period	Check Writing Privileges Per Statement Period	Free Checks
<input type="checkbox"/> <b>Active Duty Checking</b> For the military	Yes	Up to \$20 per statement period	Free	None	None - Active Duty Direct Deposit required	Unlimited	Traditional/ Military wallet/wallet duplicate
<input type="checkbox"/> <b>e-Checking</b> Electronic Checking	Yes	Up to \$10 per statement period	Free	None	None with Direct Deposit or 20 Visa Check Card transactions per statement period; otherwise, \$5	5 per statement period; 50¢ per check over 5	Name Only
<input type="checkbox"/> <b>EveryDay Checking</b> Free, basic account	Yes	Not applicable	Free	None	None	Unlimited	Name Only
<input type="checkbox"/> <b>Flagship Checking</b> Exclusive-tiered account	Tiered based on balance	Up to \$10 per statement period Direct Deposit required	Free	None; \$1,500 to earn dividend	None if average daily balance is \$1,500 or more; \$10 if less than \$1,500	Unlimited	Name Only
<input type="checkbox"/> <b>Campus Checking</b> For full-time students ages 14-21	Yes	Up to \$10 per statement period	Free	None	None	5 per statement period; 25¢ per check over 5	Name Only

**I WANT CHECKING OVERDRAFT PROTECTION (MINIMUM \$500)**  
(Subject to credit approval)

**ANNUAL SALARY \$** \_\_\_\_\_

**LENGTH OF TIME AT RESIDENCE** \_\_\_\_\_  **RENT**  **OWN**

**MONTHLY PAYMENT \$** \_\_\_\_\_

**I DO NOT WANT TO OPEN A NAVY FEDERAL CHECKING ACCOUNT**

**NAVY FEDERAL ONLINE® ACCOUNT ACCESS**

\_\_\_\_\_ E-MAIL ADDRESS IF DIFFERENT FROM EMAIL LISTED ON PAGE 1

**I DO NOT WANT ONLINE ACCOUNT ACCESS**

**FOR MORE INFORMATION, VISIT NAVYFEDERAL.ORG.**

**Account Funding**

A \$5.00 deposit is required to establish membership. You can make the deposit at a branch near you or mail your deposit check or money order with this application to Navy Federal, PO Box 3000, Merrifield, VA 22119-3000. To set up direct deposit, complete the attached form.

**Joint Owner - (Optional)**

CHECK ACCOUNTS FOR JOINT OWNER ACCESS:

SAVINGS  CHECKING

MALE  FEMALE NAME: FIRST MI LAST SUFFIX

DATE OF BIRTH (MO., DAY, YR) SOCIAL SECURITY NO. (ITIN) HOME PHONE  
— — — — — ( )

CURRENT HOME ADDRESS CANNOT BE A POST OFFICE BOX. COMPLETE IF DIFFERENT FROM ACCOUNT HOLDER'S ADDRESS.

CITY STATE ZIP CODE

E-MAIL ADDRESS CELL OR OTHER CONTACT NO.  
( )

DRIVER'S LICENSE OR GOVERNMENT ISSUED ID NO. STATE EXPIRATION DATE (MO., DAY, YR)  
— —

EMPLOYER'S NAME OFFICE PHONE  
( )

EMPLOYER'S ADDRESS: STREET CITY STATE ZIP CODE

TYPE OF BUSINESS JOB TITLE NO. OF YEARS

OTHER SOURCE(S) OF INCOME (STOCKS, ALIMONY, PENSION, ETC.)

**Survivorship Selection (Check One)**

The survivorship designation on my membership/share savings account applies to all other joint accounts with the same joint owner, unless specifically designated otherwise for a particular account.

**JOINT ACCOUNT – NO SURVIVORSHIP** (On the death of an account owner, the deceased shares pass to the estate.)  **JOINT ACCOUNT WITH SURVIVORSHIP** (On the death of an account owner, the deceased shares pass to the surviving owner.)

SIGNATURE OF APPLICANT



SIGNATURE OF JOINT OWNER



**Certifications and Signatures**

**By signing, I acknowledge I have read and agree to the information on the back.**

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.**

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

SIGNATURE OF APPLICANT



DATE (MO., DAY, YR.)

— —

SIGNATURE OF JOINT OWNER



DATE (MO., DAY, YR.)

— —

**Direct Deposit of Net Pay Enrollment (Forward completed form to your payroll office or any other paying agency.)**

NAME: FIRST	MI	LAST	SOCIAL SECURITY NUMBER
ADDRESS: STREET	CITY	STATE	ZIP CODE

I hereby authorize \_\_\_\_\_, (payroll office/paying agency) \_\_\_\_\_, to initiate Direct Deposits to the account indicated below:

<b>Account Information</b>	
FINANCIAL INSTITUTION <b>NAVY FEDERAL CREDIT UNION</b>	ROUTING/TRANSIT NUMBER <b>2560-7497-4</b>
TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	ACCOUNT NO. _____
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.

<b>SIGNATURE</b> _____	DATE (MO., DAY, YR.) _____
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