



Trust Account Signature Card/Membership Application

Date: _____ Member Number: _____ Trust TIN (if applicable): _____

Title of Trust: _____

Original Effective Date of the Trust: _____ Last Amendment Date (if applicable): _____

TYPE OF TRUST:

- Revocable (If **MARRIED**, at least **ONE** trustor must be a member of the Credit Union. If not married, **ALL** trustors must be members of the Credit Union.)
- Irrevocable (Trustor must be a member of the Credit union. If trustor is **DECEASED**, **ALL** beneficiaries must be members of the Credit Union before opening the account)

Trustor(s) (include name for all Trustors):

TRUSTOR			
FULL NAME (FIRST, MIDDLE, LAST, SUFFIX)		SOCIAL SECURITY/TIN	
HOME ADDRESS		CITY	ST ZIP
PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME		WORK PHONE	
MOTHER'S MAIDEN NAME		BIRTHDATE MM/DD/YYYY	
DRIVER'S LIC. OR ID NUMBER		ISSUE DATE	EXP DATE STATE
EMPLOYER	OCCUPATION	EMAIL	

TRUSTOR			
FULL NAME (FIRST, MIDDLE, LAST, SUFFIX)		SOCIAL SECURITY/TIN	
HOME ADDRESS		CITY	ST ZIP
PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME		WORK PHONE	
MOTHER'S MAIDEN NAME		BIRTHDATE MM/DD/YYYY	
DRIVER'S LIC. OR ID NUMBER		ISSUE DATE	EXP DATE STATE
EMPLOYER	OCCUPATION	EMAIL	

If Trustors and Trustees are the same check here

Trustee(s) (include information for all current Trustees):

TRUSTEE			
FULL NAME (FIRST, MIDDLE, LAST, SUFFIX)		SOCIAL SECURITY/TIN	
HOME ADDRESS		CITY	ST ZIP
PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME		WORK PHONE	
MOTHER'S MAIDEN NAME		BIRTHDATE MM/DD/YYYY	
DRIVER'S LIC. OR ID NUMBER		ISSUE DATE	EXP DATE STATE
EMPLOYER	OCCUPATION	EMAIL	

TRUSTEE			
FULL NAME (FIRST, MIDDLE, LAST, SUFFIX)		SOCIAL SECURITY/TIN	
HOME ADDRESS		CITY	ST ZIP
PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME		WORK PHONE	
MOTHER'S MAIDEN NAME		BIRTHDATE MM/DD/YYYY	
DRIVER'S LIC. OR ID NUMBER		ISSUE DATE	EXP DATE STATE
EMPLOYER	OCCUPATION	EMAIL	

If there is more than one Trustee, the Credit Union may honor transactions initiated by:

- Any Individual Trustees
 All Trustees Jointly
 Any Combination of Trustees

If more than 2 Trustees, please check box and attach an additional application. By signing below, the Trustees certify to the Credit Union that they have full authority under the Trust Document described above, which the Credit Union has not received a copy thereof, and will notify the Credit Union of any changes in authority regarding relationships with financial institutions regarding savings and loan accounts. The Credit Union reserves the right to request and obtain a Certification of Trust/Trustees at any time during the lifetime of this account. This includes at time of any loan application that will use current or future Trust assets to secure the loan.

The Trust itself is not and does not become a member of the Credit Union with this application. Membership in the Credit Union is for natural persons only and the Trustees agree that any membership requirements will be met as required by the Credit Union's Bylaws and any applicable federal or state laws or regulations as may be changed from time to time.

With the signatures provided below, the Trustees certify that the information is true and correct and if later found to not be correct, the Credit Union reserves the right to restrict the account(s) until the correct information is provided and verified.

X _____
Trustee Signature Date

X _____
Trustee Signature Date

The applicant hereby applies for membership in Northrop Grumman Federal Credit Union, to subscribe for at least one share and submit documentation herein. The personal information noted below is being requested and maintained in compliance with the provision of Section 326 of the USA PATRIOT Act of 2001.

TERMS AND CONDITIONS: On establishment of membership, Northrop Grumman Federal Credit Union will provide me with its Truth-in-Savings Disclosure and Agreement for various accounts and services offered by Northrop Grumman Federal Credit Union and agree to be bound by the disclosures and agreements contained therein. Further, I/we agree to be bound by the by-laws, regulations, policies and other practices of the Credit Union now in effect or as amended or later adopted regarding this account. The information stated herein is furnished to induce Northrop Grumman Federal Credit Union to open a Regular Share Account and future share accounts. I/we certify that all the information is true and correct. I/we authorize Northrop Grumman Federal Credit Union to obtain consumer reports on me and furnish information concerning my/our account to credit reporting agencies.

If not applying at an NGFCU branch, please initial the following:

_____ I agree to receive the account opening disclosures and documents by email at the email address provided on this application.
Initial Here

SIGNATURE AND W-9 TAXPAYER ID CERTIFICATION

Check appropriate boxes:

- I am not subject to backup withholding due to failure to report interest or dividend income
 I am subject to backup withholding
 I am exempt from FATCA reporting

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

X _____
Trustee Signature Date

X _____
Trustee Signature Date

OFFICE USE ONLY	<input type="checkbox"/> Certification of Trust Attached (required)
MEMBER NUMBER: _____	ACCOUNTS NUMBER(S): _____
EMPLOYEE NAME: _____	DATE RECEIVED: _____