

Navy Federal® Custodial Account Application

Complete all sections.

Minors are required to have a Membership Share Savings account before a custodial account can be established.

A. Gift Under the Virginia Uniform Transfers to Minors Act (Donor completes this section.)	
I, _____, hereby name _____ as	
Name of Donor	Name of Custodian(s)
custodian(s) for _____ under the Virginia Uniform Transfers to Minors Act, and deposit/transfer the following	
Name of Minor	
funds (funds must be new money/cannot already be Minor's funds): \$ _____. I expressly provide that the custodian(s) will deliver, convey, or pay over to the	
Minor any funds on deposit in the custodial account. Ownership of the funds in the custodial account will not be transferred to the Minor without written authorization by the custodian(s).	
Signature of Donor ▶	Date (MM/DD/YY)

B. Custodian(s) (if different from Donor) Complete(s) This Section	
I, _____,	
Name of Custodian(s)	
hereby acknowledge receipt of the above-described funds as custodian for the above Minor under the Virginia Uniform Transfers to Minors Act.	
Signature of Custodian 1 ▶	Date (MM/DD/YY)
Signature of Custodian 2 ▶	Date (MM/DD/YY)

C. Minor's Information					
Minor's Access No. (if any)	Name: First	MI	Last	Suffix	Date of Birth (MM/DD/YY)
If not a member, is Minor eligible for membership? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how? (needed for Membership Account opening purposes)				Social Security Number (or ITIN)

D. Custodian 1 Information (Current members only need to fill in the Access Number and complete the signature area.)					
Custodian's Access No.	Name: First	MI	Last	Suffix	Social Security Number (or ITIN)
Current Home Address: Street Cannot Be a Post Office Box	City	State	Zip Code	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address: Street If Different From Above Address	City	State	Zip Code	Date of Birth (MM/DD/YY)	
Driver's License or Government ID No./State ID No.	State	Issue Date (MM/DD/YY)	Exp. Date (MM/DD/YY)		
Email Address (required for Navy Federal Online Banking) <input type="checkbox"/> Navy Federal Online Banking (Mobile banking and Bill Pay services are not available.)	Home Phone No.	Cell or Other Contact No.*			
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**

*If you provide a cell phone number, Navy Federal has your permission to place automated, prerecorded, or artificial voice non-marketing calls and text messages to that number. Message and data rates may apply. Visit navyfederal.org for more information.

**Stocks, Alimony, Pension, etc.

Please see reverse for important disclosures and required signatures. —▶

For Office Use Only					
<input type="checkbox"/> NEW	<input type="checkbox"/> CHG	<input type="checkbox"/> DUP			
Identification: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID <input type="checkbox"/> Other _____					
ID No.	Access No.	Issue Date			
SOB Code	Expiration Date	Employee No.			



E. Custodian 2 Information <i>(Current members only need to fill in the Access Number and complete the signature area.)</i>					
Custodian's Access No.	Name: First	MI	Last	Suffix	Social Security Number (or ITIN)
Current Home Address: Street Cannot Be a Post Office Box	City	State	Zip Code	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address: Street If Different From Above Address	City	State	Zip Code	Date of Birth (MM/DD/YY)	
Driver's License or Government ID No./State ID No.	State	Issue Date (MM/DD/YY)		Exp. Date (MM/DD/YY)	
Email Address <i>(required for Navy Federal Online Banking)</i> <input type="checkbox"/> Navy Federal Online Banking <small>(Mobile banking and Bill Pay services are not available.)</small>	Home Phone No.		Cell or Other Contact No.*		
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**

*If you provide a cell phone number, Navy Federal has your permission to place automated, prerecorded, or artificial voice non-marketing calls and text messages to that number. Message and data rates may apply. Visit navyfederal.org for more information.

**Stocks, Alimony, Pension, etc.

F. Designation of Successor Custodian					
In the event of the death of the custodian(s), the funds in the account will be administered by the successor custodian.					
Access No. <i>(if any)</i>	Successor Custodian's Name: First	MI	Last	Suffix	Social Security Number (or ITIN)
Address: Street	City	State	Zip Code	Relationship to the Minor	Cell or Other Contact No.*

*If you provide a cell phone number, Navy Federal has your permission to place automated, prerecorded, or artificial voice non-marketing calls and text messages to that number. Message and data rates may apply. Visit navyfederal.org for more information.

G. Agreement and Disclosure Designation
I/We hereby apply for a custodial account in Navy Federal Credit Union and agree to conform to the laws and amendments of the Virginia Uniform Transfers to Minors Act.
If you choose to have two joint owners (custodians), the first custodian listed will receive any statements pertaining to the account. In the case of death of the Minor, the account funds will be distributed to the Minor's estate.
By checking "Navy Federal Online Banking" in Section D and/or E of this application, I/we understand that I/we are applying for Navy Federal online banking for the custodial account. I/We understand that this service will provide me/us access to all existing and future accounts under this record. I/We hereby accept responsibility for safeguarding and protecting my/our password(s) and other credentials used to access online banking, as well as the security of the computer or access device used to access online banking in order to prevent unauthorized access and transactions on the account. I/We agree that Navy Federal may revoke my/our online banking service if unauthorized access or transactions occur as the apparent result of my/our negligence in safeguarding the password(s) or access device(s). I/We acknowledge receipt of, have read, understand, and agree to the Mobile Banking, Online Banking, and Bill Pay Disclosure Statement, and all amendments made available at navyfederal.org or by calling 1-888-842-6328.
Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account, including joint owners (Custodian's). <i>What this means for you:</i> 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.
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 my/our accounts within the time period specified by state law.

H. Required Signatures and Tax Certification

By signing, I acknowledge that I have read and agree to the information/disclosures above.

Tax Certification <i>(This certification does not apply if I have checked the box below my signature.)</i> Under penalty of perjury, I certify that (1) the SSN/ITIN provided is correct, (2) I am not subject to backup withholding, and (3) I am a 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.

Signature of Custodian 1 ▶	Date (MM/DD/YY)
-------------------------------	-----------------

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

Signature of Custodian 2 ▶	Date (MM/DD/YY)
-------------------------------	-----------------

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

I. Submission Instructions
Fax: Fax completed form and supporting documents to 703-206-4600, ATTN: "Membership Administration." Mail: Send completed form to Navy Federal Credit Union, P.O. Box 3002, Merrifield, VA 22116-9887. Branch: Go to navyfederal.org/branches-atms/index.php to find your closest branch office. Online: Sign into 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 "Custodial Account Application" > Attach completed 176.