

Navy Federal® Custodial Account Application

Complete all sections.

A. Gift Under the Virginia Uniform Transfers to Minors Act (Donor completes this section.)	
I, _____, hereby name _____	
Name of Donor	Name(s) of Custodian(s)
as custodian(s) for _____ under the Virginia Uniform Transfers to Minors Act, and deposit/transfer the	
Name of Minor	
following 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(s) 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					
Name: First	MI	Last	Suffix	Social Security No. (ITIN)	Date of Birth (MM/DD/YY)
Navy Federal Access No. (if any)	If not a member, is Minor eligible for membership? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how?		

D. Custodian 1 Information (Current members only need to fill in Access Number and complete the signature area.)					
Custodian's Access No.	Name: First	MI	Last	Suffix	Social Security No. (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 Access	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, pre-recorded, 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 Access Number and complete the signature area.)</i>					
Custodian's Access No.	Name: First	MI	Last	Suffix	Social Security No. (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 Access	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, pre-recorded, 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.					
Successor Custodian's Name: First	MI	Last	Suffix	Social Security No. (ITIN)	

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.
To help fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account, including joint owners. <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. Property may be transferred to the appropriate state if there has been no activity 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.
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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)
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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)
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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, PO 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.