

**To open an estate account:** The deceased must have been a Navy Federal Member at the time of death. If not, all estate account beneficiaries must be current Navy Federal Members. Administrator must provide Letters of Administration and an IRS-issued Tax Identification Number (TIN) for account opening.

A. Deceased Person's Information				
Access Number (If Member)	Name: First	MI	Last	Suffix
Date of Birth (MM/DD/YY)	Social Security No.	Date of Death (MM/DD/YY)	Estate TIN (Required)	

B. Products and Services (You'll receive the products and services checked.)	
<input type="checkbox"/> Estate Savings Account (Required)	<input type="checkbox"/> Waive Dividends
<input type="checkbox"/> Association Checking	<input type="checkbox"/> Navy Federal Debit Card
<input type="checkbox"/> Flagship Checking	<input type="checkbox"/> Administrator <input type="checkbox"/> Co-Administrator
<input type="checkbox"/> MMSA	<input type="checkbox"/> Navy Federal online banking (Mobile banking and Bill Pay services are not available.)
<input type="checkbox"/> Jumbo MMSA	<input type="checkbox"/> Administrator <input type="checkbox"/> Co-Administrator
<input type="checkbox"/> Certificate (Maximum term is two years.)	

C. Administrator(s) Information					
Access Number (If Member)	Administrator's Name: First	MI	Last	Suffix	Relationship to Deceased
Address: Street <small>Cannot Be a Post Office Box</small>	City	State	Zip Code	Date of Birth (MM/DD/YY)	Social Security No.
Email Address (Required for Navy Federal online banking)			Cell Phone No.*	Other Contact No.	
Driver's License or Government ID No., or State ID No.			Issue Date (MM/DD/YY)	Expiration Date (MM/DD/YY)	
ID No.	State				
Employer's Name:	Job Title		Type of Business/Profession		
Employer's Address:		City	State	Zip Code	
Access Number (If Member)	Co-Administrator's Name: First	MI	Last	Suffix	Relationship to Deceased
Address: Street <small>Cannot Be a Post Office Box</small>	City	State	Zip Code	Date of Birth (MM/DD/YY)	Social Security No.
Email Address (Required for Navy Federal online banking)			Cell Phone No.*	Other Contact No.	
Driver's License or Government ID No. or State ID No.			Issuing Date (MM/DD/YY)	Expiration Date (MM/DD/YY)	
ID No.	State				
Employer's Name:	Job Title		Type of Business/Profession		
Employer's Address:		City	State	Zip Code	

\*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](http://navyfederal.org) for more information.

**Please see reverse for important disclosures, additional information, and required signatures.** →

<b>For Office Use Only</b>	Employee No.	SOB Code	Access No.
		<b>SSB</b>	



**D. Beneficiary Information (If deceased was not a Member, all beneficiaries must be Navy Federal Members.)** Please list beneficiaries below. All information is required. Additional pages may be used.

Name of Beneficiary (1)	Date of Birth (MM/DD/YY)	Social Security No.	Access No./Savings No.
Address: Street	City	State	Zip Code
Telephone No.		Relationship to Deceased	
Name of Beneficiary (2)	Date of Birth (MM/DD/YY)	Social Security No.	Access No./Savings No.
Address: Street	City	State	Zip Code
Telephone No.		Relationship to Deceased	

**E. Disclosure Agreement and Survivorship**

I/We hereby apply for an estate account at Navy Federal Credit Union.

Navy Federal is authorized to recognize the signatures below for the payment of funds or the transaction of any business for this account. As administrator (also referred to as executor, executrix, or personal representative) of this estate account, I/we agree with the credit union that all funds on deposit now or in the future should be owned by the above decedent's estate, and will be subject to the withdrawal or receipt of the administrator, and payment to the administrator/co-administrator will be valid and discharge Navy Federal from any liability for such payment.

In addition, any endorsement or signature by me/us as administrator/co-administrator will be considered a valid signature. The right or authority of the credit union under this agreement cannot be changed or terminated by me/us, except by written notice to Navy Federal, which shall not affect previously made transactions.

**I/We hereby certify that I/we have been duly qualified and/or appointed by a court** to settle the above decedent's estate, including, but not limited to, the payment of taxes, debts, and distribution of assets and/or property belonging to the estate. By my/our signatures, I/we acknowledge that Navy Federal assumes no responsibility for the administration of this estate account or the settlement of the above decedent's estate at any time. I/We understand that upon settlement of the decedent's estate, it is my/our responsibility to request closure of the estate account.

By checking "Navy Federal online banking" in Section B of this application, I/we understand that I/we are applying for Navy Federal online banking for the estate account. I/We understand that this service will provide me/us access to all existing and future accounts held in the name of this estate. 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 (and my co-administrator, if he or she has signed this agreement) 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](http://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 co-administrators. *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. Property may be transferred to the appropriate state if there has been no activity within the time period specified by state law.

**F. Required Signatures and Tax Certification**

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

**Tax Certification**

Under penalty of perjury, I/we certify that (1) the EIN provided is correct, (2) the estate is not subject to backup withholding, and (3) the estate is a US person.

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 Administrator (Required) ▶	Date (MM/DD/YY)
Signature of Co-Administrator (If Applicable) ▶	Date (MM/DD/YY)

**Submission Options**

- ▶ Fax: 703.255.7963
- ▶ Email: [survivordocs@navyfederal.org](mailto:survivordocs@navyfederal.org)
- ▶ Mail: P.O. Box 3002, Merrifield, VA 22119-3002
- ▶ Branch: Visit [navyfederal.org/branches-atms/index.php](http://navyfederal.org/branches-atms/index.php) to locate a branch office.