

Navy Federal®
Change of Information/Add Joint Owner (for applicants 18 and over)

Use this form to change personal information or add Joint Owner Information.

A. My Current Information					
Name: First	MI	Last	Suffix	Access No.	Social Security No. (SSN)

B. My New Information ¹ (Only complete information that is changing.)					
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> I do not wish to disclose	Name: First	MI	Last	Suffix	
Current Home Address: Street		City	State	Zip Code	
Cannot Be a Post Office Box					
Mailing Address: Street		City	State	Zip Code	
If Different From Above Address					
Date of Birth (MM/DD/YY)	Social Security No. (SSN) or ITIN	Cell Phone No. ²		Other Contact No.	
Email Address					

¹Changing your name, date of birth, and/or SSN or ITIN requires additional documentation. Please see below for acceptable documents.

²If you provide a cell phone number, Navy Federal has your permission to place automated non-marketing calls and text messages to that number. Message and data rates may apply. Visit navyfederal.org for more information.

C. My New Employment Information					
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 ³					
Rank	Rate	<input type="checkbox"/> DoD Military <input type="checkbox"/> Retired, but Employed	<input type="checkbox"/> Civilian DoD Employee <input type="checkbox"/> Fully Retired	<input type="checkbox"/> Non-DoD Civilian Employee <input type="checkbox"/> Not a Wage Earner	Re-enlistment/EAOS Date (MM/DD/YY)

³Stocks, alimony, pension, etc.

Acceptable Documents		
Social Security Number Change (Please provide one.) <ul style="list-style-type: none"> Social Security Card Other Documentation With Full SSN From Social Security Administration 	Full Name Change (Please provide one from each category.) <p>Photo ID with new name:</p> <ul style="list-style-type: none"> State or Government-Issued Photo ID <p>Second document with new name:</p> <ul style="list-style-type: none"> Court Document Social Security Card <p>Proof of previous name:</p> <ul style="list-style-type: none"> Marriage License Divorce Decree Court Document 	Last Name Only (Please provide one from each category.) <p>Proof of previous last name:</p> <ul style="list-style-type: none"> Marriage License Divorce Decree Court Document <p>Proof of new last name:</p> <ul style="list-style-type: none"> State or Government-Issued Photo ID
Date of Birth Change (Please provide one.) <ul style="list-style-type: none"> Birth Certificate State or Government-Issued Photo ID With Date of Birth 		

D. Joint Owner Information					
A Joint Owner who wishes to be removed from an account will need to complete a Voluntary Removal of Joint Owner request, NFCU 596. Current members only need to fill in the Access Number and accounts that he/she should be added to, and complete the signature area.					
Add Joint Owner to the following accounts: (Please list full account numbers below.)					
Savings _____	<input type="checkbox"/> All Non-IRA Certificates or the following Certificates:				
Checking _____	<input type="checkbox"/> List Certificates: _____				
MMSA/Jumbo MMSA _____	_____				
Issue Joint Owner: <input type="checkbox"/> Navy Federal Debit Card (checking account required)					
Joint Owner Access No.	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> I do not wish to disclose	Name: First	MI	Last	Date of Birth (MM/DD/YY)
Social Security No. (SSN) or ITIN	Current Home Address: _____		City	State	Zip Code
Cannot Be a Post Office Box					
No. of Years at Residence	Driver's License, Government ID, or State ID		Issue Date (MM/DD/YY)	Exp. Date (MM/DD/YY)	
	ID No.	State			
<input type="checkbox"/> Enroll me in Navy Federal Online Banking	Email Address (required for Online Banking)		Cell Phone No. ⁴	Other Contact No.	

⁴If you provide a cell phone number, Navy Federal has your permission to place automated non-marketing calls and text messages to that number. Message and data rates may apply. Visit navyfederal.org for more information.



Please see reverse for Joint Owner Employment Information, important disclosures, required signatures, and Submission Instructions.



E. Joint Owner Employment Information				
Employer's Name	Rank	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 ⁵

⁵Stocks, alimony, pension, etc.

F. Disclosure Agreement and Survivorship Designation

Account Disclosures: I/We acknowledge that membership at Navy Federal comes with certain ongoing responsibilities. By signing this document, I/we acknowledge receipt of and agree to all terms and conditions in the Important Disclosure booklet and all other disclosed terms and conditions of all accounts and services that I/we may receive at Navy Federal. These terms and conditions will be disclosed in accordance with applicable state and federal laws.

Consumer Reports: I/We authorize Navy Federal to obtain a consumer credit report to evaluate my/our creditworthiness so that I/we may be considered for other Navy Federal products and services. I/We also authorize Navy Federal to obtain consumer reports for the purposes of evaluating this membership application and reviewing any Navy Federal accounts I/we open. I/We understand these reports may be used in decisions to deny account applications, close accounts, and/or restrict accounts or services.

Escheatment: 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.

Identification: 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 of your identity or documentation related to your eligibility.

Statutory Lien: I/We acknowledge and pledge to Navy Federal a statutory lien in my/our shares and dividends on deposit in all joint and individual accounts and any monies held by Navy Federal now and in the future, to the extent of any loan made and any charges payable. The statutory lien does not apply to shares in any Individual Retirement Account.

Security Interest: I/We acknowledge and pledge to Navy Federal a security interest in the collateral securing loan(s) that I/we have with Navy Federal now and in the future, including any type of change or increase, and any proceeds from the sale of such collateral and of insurance thereon, not to exceed the unpaid balance of the loan. This security interest in collateral securing loans does not apply to any loan(s) on my/our primary residence.

Contractual Lien: I/We authorize Navy Federal to transfer funds from any accounts in which I/we have an ownership interest to correct a negative or overdrawn amount on any account on which my/our name(s) appear(s). My/Our authorization applies to all funds I/we voluntarily deposit into Navy Federal accounts, including Social Security funds, as permitted by law.

Joint Account-With Survivorship
(On the death of an account owner, the deceased's shares pass to the surviving owner.)

Joint Account-No Survivorship
(On the death of an account owner, the deceased's shares pass to the estate.)

The survivorship designation on your membership/savings account applies to all other joint accounts with the same joint owner, unless specifically designated otherwise for a particular account in writing. If a survivorship option has not been indicated here, your accounts will be designated as **Joint With Survivorship**.

G. Required Signatures and Tax Certification

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

Tax Certification *(This certification does not apply if I have checked the box below my signature.)*
 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 US Citizen or US 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 Applicant <i>(required)</i>	Date <i>(MM/DD/YY)</i>
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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 Joint Owner <i>(if applicable)</i>	Date <i>(MM/DD/YY)</i>
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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.

Note: If you are the Attorney-in-Fact, a copy of the Power of Attorney (POA) is required. Please ensure that the POA specifically authorizes you to be added as a Joint Owner.

Submission Instructions

Fax: Fax completed form and supporting documents to 703-206-4600, ATTN: "Membership Administration."
Mail: Send completed form and photocopy of supporting documents to Navy Federal Credit Union, P.O. Box 3002, Merrifield, VA 22116-9887.
Online: Sign into Online Banking > Select "Messages" tab > Select "Send us a message" tab > Under "My Message is About," select "General" > Under "Regarding," select "Add/Remove Joint Owner" > Fill out subject as "Change of Information" > Attach completed 97CI and any supporting documents according to "Acceptable Documents" (above).
Branch: Go to navyfederal.org/branches-atms/index.php to find your closest branch office.

For Office Use Only		
Documents Used to Produce Name Change <i>(Please indicate which documents were used.)</i>	Specify document used as proof of maiden name (e.g., <i>Marriage License, Divorce Decree</i>)	SOB Code
Documents Accepted to Change Last Name Only <i>(Must have one form of ID that shows new name.)</i>	<input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Court Document <i>(specify):</i> _____ <input type="checkbox"/> Social Security Card <input type="checkbox"/> Military ID _____	Employee No.
Documents Accepted to Change Full Name <i>(Must have two forms of ID that show new name.)</i>	<input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Court Document <i>(specify):</i> _____ <input type="checkbox"/> Social Security Card <input type="checkbox"/> Military ID _____	