



PAYABLE ON DEATH (POD) AND DEPOSIT TRUST ACCOUNTS

For account inquiries,
purchases and servicing,
call **1-888-842-6328**.

If overseas, call
collect at **1-703-255-8837**
or visit **navyfederal.org**
for a list of international
numbers.

For rates, Online Banking,
or online applications, or
to find a branch near you,
visit **navyfederal.org**.

Payable on Death (POD) and Deposit Trust Accounts are often used by our members to pass on their savings more easily to loved ones.

Let us handle your POD and Deposit Trust Account needs.

Most of Navy Federal's savings and checking products can be designated as POD Accounts or Deposit Trust Accounts. These include:

- > Savings Accounts
- > Checking Accounts
- > Money Market Savings Accounts (MMSAs)
- > Jumbo MMSAs
- > Certificates

Please note:

Individual Retirement Arrangements (IRAs) cannot be designated as POD Accounts or Deposit Trust Accounts. IRAs are already considered Trust Accounts in their own right. They are regulated by specific federal guidelines and insured separately by the National Credit Union Administration (NCUA) for up to \$250,000.

We have two options—which account is best for you?

The **POD Account** may fill your needs if you are looking for an account that allows you access but wish to have the proceeds in the account paid directly to your beneficiary(ies). No legal trust documents are required. The **Deposit Trust Account** will meet your needs if you are looking for an account that can hold funds designated by a legal trust. Legal trust documents are required.

POD Accounts

Individual POD Account

As the owner, only you have access to your funds during your lifetime. Upon your death, the remaining funds are disbursed to the named beneficiary(ies) on the account, generally without having to pass through probate.

Joint Owner POD Account

You and the joint owner can access the account at any time during your lifetimes.

Upon your death, the funds in the account will be transferred to the joint owner for their use and discretion. Only upon the death of both you and the joint owner are funds disbursed to the designated beneficiary(ies), generally without going through probate.

No legal trust documents are required—you simply designate (a) beneficiary(ies) on new or existing accounts. This type of account is similar to a joint account with survivorship, but avoids probate if both account owners pass away at the same time.

To establish a POD Account, please complete and submit the *Payable on Death (POD) Designation* (NFCU 250).

Deposit Trust Accounts

Navy Federal's Deposit Trust Accounts are depository accounts that can hold funds under a legal trust.

Legal trusts are set up outside of Navy Federal and generally require the service of an attorney. Trusts shelter assets during and after the grantor's lifetime. A legal trust is required prior to establishing a Deposit Trust Account.

A Deposit Trust Account is opened in the name of the trust with the grantor's* Social Security Number; however, only the trustee(s) designated in the legal trust agreement can access the account(s). Funds will be managed by the trustee, co-trustee, successor trustee or trust administrator as outlined in the trust agreement during the lifetime and upon the death of the grantor. Generally, funds held in the trust will not pass through probate.

*Person who establishes legal trust.

Please note:

Once all grantors are deceased, an Employer Identification Number for the legal trust is required.

To establish a Deposit Trust Account:

- > complete and submit the *Application for Deposit Trust Account* (NFCU 678A)
- > provide a copy of the legal trust pages that name the trust and provide the appropriate signatures that established the trust
- > provide a copy of the legal trust pages designating the trustee(s) and successor trustee(s)

Please note:

If you would like a referral to an attorney for assistance in setting up a legal trust, please contact Navy Federal Trust Services** at 1-877-221-8108.

Federal Insurance Coverage

POD Accounts are insured separately from your other Navy Federal accounts. Each owner is insured for up to \$250,000 per beneficiary.

Deposit Trust Accounts may qualify for separate insurance coverage from other Navy Federal accounts. Each grantor is insured for up to \$250,000; additional coverage of \$250,000 may apply per each named beneficiary under the trust arrangement.

Insurance coverage examples:

Individual POD Account

Account name: John Doe

Beneficiary: Granddaughter

Amount insurance coverage:
1 owner x 1 beneficiary = \$250,000

Joint Owner POD Account

Account name: John Doe

Primary owner: John Doe

Joint owner: Susan Doe

Beneficiaries: Son and Daughter

Amount insurance coverage:
2 owners x 2 beneficiaries = \$1,000,000

Deposit Trust Account, Example #1

Account name: Doe Family Trust

Grantor: John Doe

Beneficiary: Jane Doe

Life estate
interest beneficiary: None

Amount insurance coverage:
1 grantor x 1 beneficiary = \$250,000

Deposit Trust Account, Example #2

Account name: Doe Family Trust

Grantors: Michael Doe and
Susan Doe

Beneficiaries: Mary Doe and
Jill Doe

Life estate
interest beneficiary: David Doe

Amount insurance coverage:
2 grantors x 3 = \$1,500,000

If you have any questions or need additional information, please call us toll-free in the U.S. at 1-888-842-6328. For toll-free numbers when overseas, visit navyfederal.org. Use 1-703-255-8837 for collect international calls.

Navy Federal®
Payable on Death (POD) Designation

Use this application to establish, update, or remove a POD designation and/or beneficiary(ies) on a savings, checking, MMSA, or certificate account(s). **For this request to be effective, all account holders are required to sign this form.**

A. Primary Member Information

Name: First	MI	Last	Suffix	Access No.
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Navy Federal's Address:	Navy Federal's Phone Number: 1-888-842-6328
Navy Federal Credit Union	Deposit Trust Fax Number: 703-206-3724
PO Box 3002, Merrifield, VA 22116-9887	

B. Joint Owner Information (Joint Owner must be the same Joint Owner on all account(s) being designated as POD on this form.)

Current Member? Yes (Complete name and Access Number only.) No (Complete entire section.)

Name: First	MI	Last	Suffix	Access No.	Social Security No. (SSN)
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Current Home Address: Street	City	State	Zip Code	Date of Birth (MM/DD/YY)
<small>Cannot Be a Post Office Box</small>				

Driver's License, Government ID, or State ID	Issue Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
ID No.	State	

Name: First	MI	Last	Suffix	Access No.	Social Security No. (SSN)
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Current Home Address: Street	City	State	Zip Code	Date of Birth (MM/DD/YY)
<small>Cannot Be a Post Office Box</small>				

Driver's License, Government ID, or State ID	Issue Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
ID No.	State	

C. Designated Accounts (Choose one.) I understand that a separate change of beneficiary form (NFCU 584) must be completed to effect a change of beneficiary(ies) for any IRA accounts.

Add POD designation to all existing **individual account(s)** and any future **individual account(s)** established after this dated application, with the same beneficiary(ies), unless otherwise specifically indicated in writing received by Navy Federal.

Add POD designation to all existing **joint account(s)** and any future **joint account(s)** established after this dated application, with the same beneficiary(ies) and same joint owner(s), unless otherwise specifically indicated in writing received by Navy Federal.

Add POD designation to existing account(s) selected below, with the same beneficiary(ies) and same joint owner(s) (if applicable). Does not include future accounts. (List account numbers that apply.)

Savings Account _____	Certificate(s): _____
Checking Account _____	_____
MMSA _____	_____
Jumbo MMSA _____	_____

Remove all existing POD designations, with the same beneficiary(ies) and same joint owner(s) (if applicable). Form must be signed by all account holders, as applicable, to be effective.

Remove only existing POD designations selected below, with the same beneficiary(ies) and same joint owner(s) (if applicable). Form must be signed by all account holders, as applicable, to be effective. (List account numbers that apply.)

Savings Account _____	Certificate(s): _____
Checking Account _____	_____
MMSA _____	_____
Jumbo MMSA _____	_____

D. Designate Beneficiary(ies) (Choose one.)

Assign beneficiary(ies)—I designate the individual(s) or entity named below as my beneficiary(ies).

Replace beneficiary(ies)—I designate the individual(s) or entity named below as my new beneficiary(ies), and hereby revoke all prior beneficiary(ies) designations.

Add beneficiary(ies)—I designate the individual(s) or entity named below as my beneficiary(ies). This supplements, and does not replace, the beneficiary(ies) previously designated. (When adding beneficiaries, if the share percentage of a previously designated beneficiary(ies) changes, restate all beneficiaries and the corresponding share percentage.) If no percentages are indicated or if there is a discrepancy so that the total percentage does not equal 100%, then the surviving beneficiaries shall receive equal distributions.

Remove beneficiary(ies)—I remove the individual(s) or entity named below as my beneficiary(ies). Form must be signed by all account holders, as applicable, to be effective.

Continue on next page.



E. Beneficiary Information-Complete Part I or Part II. (This section does not apply to or affect any type of IRA; Form NFCU 584 must be completed to add or change beneficiary(ies) of any IRA account.)

Part I – If completing Part One (I), skip Part Two (II).

If a Legal Trust is named as beneficiary, this designation shall supersede any individually named beneficiary(ies), and payment will be made in full to the Legal Trust.

Legal Trust Name:

Part II (A) Primary Beneficiary (Complete Part II only if you did not complete Part I.)

Upon the death of a Primary Beneficiary, the deceased Primary Beneficiary’s percentage share will be shared equally among any surviving Primary Beneficiaries.

Primary Beneficiary(ies) Name(s) (if any)	Address	Date of Birth (MM/DD/YY)	Relationship	Social Security No. (SSN) or ITIN	Percentage (must equal 100%)

Part II (B) Contingent Beneficiary (Optional)

Distributions will be made to Contingent Beneficiary(ies), only if Primary Beneficiary(ies) is/are deceased. (Upon the death of a Contingent Beneficiary, the deceased Contingent Beneficiary’s percentage share will be shared equally among any surviving Contingent Beneficiaries). If a Legal Trust is named as Primary Beneficiary, Contingent Beneficiary(ies) shall not receive proceeds unless the Legal Trust was properly revoked.

Contingent Beneficiary(ies) Name(s) (if any)	Address	Date of Birth (MM/DD/YY)	Relationship	Social Security No. (SSN) or ITIN	Percentage (must equal 100%)

F. Survivorship Designation and Disclosure Agreement

I/We hereby request a Payable on Death (POD) designation for the beneficiary (ies) listed for the account(s) designated in this application, and I/we agree to the terms, designations, and survivorship designation on this form.

It is understood and agreed that subject to the credit union’s bylaws and applicable state and federal laws, rules, and regulations, all sums paid into the account(s) may be pledged to the credit union as security for a loan by either me, the joint owner, or both, if applicable; and further that all account funds may be withdrawn in whole or in part by any account holder.

I acknowledge that membership at Navy Federal Credit Union comes with certain ongoing responsibilities. By signing this document, my joint owner(s), if any, and I agree to abide by the properly disclosed terms and conditions of all accounts or services that I/we receive at Navy Federal. These terms and conditions are disclosed in accordance with applicable state and federal laws and are provided in the disclosure and agreement forms. If “Joint Account with Survivorship” is selected, then upon the death of either account holder, Navy Federal reserves the right to re-title the POD designated account(s) to the surviving account holder. In addition, all parties to this account acknowledge

that the rights of the surviving account holder shall not be abridged and that all surviving account holders shall retain full use and authority over the funds in the account.

Upon the death of all the account holders, if the designation is “With Survivorship,” or upon the death of the primary member if the designation is “No Survivorship,” funds in the account(s) shall be made payable and distributed to the surviving beneficiary, or if more than one beneficiary, to the surviving beneficiaries equally unless a percentage designation is indicated. If a member’s Legal Trust is the named beneficiary, this designation shall supersede any individually named beneficiary (ies), and payment will be made in full to the Legal Trust.

I/We understand and agree that I/we am/are responsible for properly designating the respective percentage shares for the respective beneficiaries so that the total percentage equals 100%. If there is a discrepancy in the percentage shares and the total does not equal 100%, then I/we agree that the designation shall automatically be determined for the surviving beneficiaries to share the distribution equally.

I/We have read and agree to the terms and conditions of the Important Disclosure Booklet (NFCU 606). Property may be transferred to the appropriate state if there has been no activity within the time period specified by state law.

I/We understand that Navy Federal reserves the right to enforce a statutory lien against any savings and dividends I/we have individually or jointly on deposit at Navy Federal if I/we fail to satisfy any financial obligation I/we have with Navy Federal. Navy Federal may enforce this right without prior notice.

I/We understand and agree that I/we must notify the credit union if any new account should not be included under this POD designation if I/we have requested that all existing and any future account(s) be included in the POD designation.

The beneficiary designation above shall not apply to any type of Individual Retirement Arrangement (IRA) that I have now or in the future, including savings, money market savings, and certificate IRA accounts. I understand that a separate change of beneficiary form (NFCU 584) must be completed to effect a change of beneficiary(ies) for any IRA account.

Joint Account with Survivorship
(On the death of an owner, the deceased's ownership interest in the account passes to the surviving account owner.)

Beneficiary(ies) may be changed at any time by submitting a new POD Designation form (NFCU 250), signed by all account holders, as applicable, to be effective.

The survivorship designation on this form shall supersede the designation on all accounts included with this form.

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.

Joint Account – No Survivorship
(On the death of an owner, the ownership of the account funds passes to the beneficiary(ies) as designated, regardless of the survival of the joint owner.)

The survivorship designation on my Payable on Death (POD) account applies to all other POD accounts with the same joint owner, unless specifically designated otherwise for a particular account in writing. If a survivorship option has not been indicated on this application, the account(s) will be designated as Joint Account with Survivorship.

G. Required Signatures	
Signature of Member <i>(Required)</i> ▶	Date <i>(MM/DD/YY)</i>
Signature of Joint Owner <i>(As applicable)</i> ▶	Date <i>(MM/DD/YY)</i>
Signature of Joint Owner <i>(As applicable)</i> ▶	Date <i>(MM/DD/YY)</i>

Navy Federal®
Application for Deposit Trust Account

For Office Use Only
Trust Access No.

This application is used to reassign or establish accounts in the name of a Legal Trust. An Access Number will be created for the Legal Trust at the time the Deposit Trust Account is established. This application requires a Social Security Number (SSN/ITIN) or an Employer Identification Number (EIN) and a copy of the Legal Trust pages that: (1) name the Legal Trust, (2) provide the signatures that established the Trust, and (3) provide the Trustee designations.

A. Account Title		
Name of Legal Trust:		
Social Security No. (SSN or ITIN) or Employer Identification No. (EIN)	Grantor (If different from Trustee)	Grantor's Access No.
Navy Federal's Address: Navy Federal Credit Union P.O. Box 3002, Merrifield, VA 22116-9887		Navy Federal's Phone Number: 1-888-842-6328 Deposit Trust Fax Number: 703-206-3724

Please indicate the number of beneficiaries of the Legal Trust. _____ (Please include all Legal Trust beneficiaries, including life estate interest beneficiaries. The number is subject to change if Legal Trust is amended.)

This information is used to calculate Share Insurance coverage.

Note: In the event of the Grantor's death, the beneficiaries designated in the Legal Trust document shall be considered the actual beneficiaries.

B. Trustee Information					
<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	Access No.
Rank	Pay Grade	<input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> Other			
Current Home Address: Street <small>Cannot Be a Post Office Box</small>	City	State	Zip Code	Date of Birth (MM/DD/YY)	
Mailing Address: Street <small>If Different From Above Address</small>	City	State	Zip Code	Social Security No. (ITIN)	
Driver's License or Government ID No./State	Issue Date (MM/DD/YY)	Exp. Date (MM/DD/YY)		Home Phone No.	
Email Address			Office Phone No.		Cell or Other Contact No.

C. Co-trustee Information (Include address only if different from Grantor's/Trustee's.)					
<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	Access No.
Rank	Pay Grade	<input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> Other			
Current Home Address: Street <small>Cannot Be a Post Office Box</small>	City	State	Zip Code	Date of Birth (MM/DD/YY)	
Mailing Address: Street <small>If Different From Above Address</small>	City	State	Zip Code	Social Security No. (ITIN)	
Driver's License or Government ID No./State	Issue Date (MM/DD/YY)	Exp. Date (MM/DD/YY)		Home Phone No.	
Email Address			Office Phone No.		Cell or Other Contact No.

Additional information on reverse.



D. Trust Options (A new Access Number will be established for the Legal Trust record separate from your current personal Access Number for the trust record.)

Part I. Establish New Accounts for Trust

I would like to establish the following new account(s) under the Legal Trust:

- | | |
|---|--|
| <input type="checkbox"/> Trust Savings
(1) Required for a new or existing certificate account

<input type="checkbox"/> Checking (Select one option.)
<input type="checkbox"/> EveryDay Checking
<input type="checkbox"/> e-Checking
<input type="checkbox"/> Flagship Checking
<input type="checkbox"/> Active Duty Checking® | <input type="checkbox"/> MMSA
Amount \$ _____
Transfer From _____

<input type="checkbox"/> Jumbo MMSA
Amount \$ _____
Transfer From _____

<input type="checkbox"/> Certificates
Term _____
Amount \$ _____
Transfer From _____ |
|---|--|

and/or

Part II. Reassign Existing Accounts

I would like to reassign the following existing account(s) under the Legal Trust. Please include all account numbers that should be reflected under the Legal Trust. **Navy Federal requires members to maintain a membership savings account under their personal Access Number. If I reassign my existing membership savings account under the Legal Trust's Access Number, this will require a new membership savings account to be opened under my personal Access Number, and Navy Federal will move the initial \$5 hold from my original membership savings account to my new membership savings account.**

Savings Account _____	Certificate(s): _____
Checking Account _____	_____
MMSA _____	_____
Jumbo MMSA _____	_____

E. Disclosure Agreement

I/We hereby apply for a Deposit Trust Account at Navy Federal Credit Union in my/our name(s) as Trustee/Co-trustee for the Legal Trust on reverse. With this application, I/we certify that the Grantor(s)/Trustor(s) and/or all the trust beneficiaries are members of Navy Federal Credit Union.

I/We hereby affirm that the authority to establish a Deposit Trust Account has been granted pursuant to a legally binding Trust agreement as evidenced by the Declaration of Trust, which accompanies this application and agreement.

It is understood and agreed that subject to the provisions of the credit union's bylaws and applicable state and federal laws, rules, and regulations, all sums paid into the account may be pledged to the credit union as security for a loan or loans to Grantor(s) and/or by the Trustee/Co-trustee, or withdrawn in whole or in part by any Trustee/Co-trustee.

All parties to this account acknowledge that the rights of the surviving Trustee/Co-trustee shall not be abridged and that all surviving Trustee(s)/Co-trustee(s) shall retain full use and authority over the funds in the account.

The funds in the account will be administered by the Trustee, Co-trustee(s), Successor Trustee, or administrator of the Trust as designated by the Legal Trust. I/We certify that all Trustee(s)/Co-trustee(s) having access to this account have been properly listed in this application and that this application reflects the rights and responsibilities of all parties as stated in the Declaration of Trust.

I/We acknowledge that Navy Federal shall act in its capacity as a financial institution and assumes no responsibility for the action(s), including, but not limited to, the deposit or withdrawal of funds by, the Trustee/Co-trustee. All Trustee(s)/Co-trustee(s), regardless of date of amendment and/or subsequent assignment, hereby agree with each other and Navy Federal that they shall discharge Navy Federal from any liability due to the actions of any Trustee/Co-trustee in regard to this account.

I/We agree that the terms of the Legal Trust agreement will be binding and that I/we assume responsibility for notifying Navy Federal of any changes to the Trust agreement as it relates to this application.

I/We acknowledge that Navy Federal reserves the right to terminate this or any account that it deems to be maintained in an unsound manner. I/We have read and agree to the terms and conditions of the Important Disclosure Booklet (NFCU 606). Property may be transferred to the appropriate state if there has been no activity within the time period specified by state law.

I/We understand that Navy Federal reserves the right to enforce a statutory lien or contractual lien against any savings and dividends the Legal Trust has on deposit at Navy Federal if I/we fail to satisfy a financial obligation the Legal Trust has with Navy Federal. Navy Federal may enforce this right without prior notice.

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account, including Trustees, Co-trustees, 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 pending further verification. The Trustee/Co-trustee hereby submits this application for the Navy Federal Online Banking service. I/We understand that this service will provide the Trustees access to all existing and future accounts held in the name of the Legal Trust.

Additionally, the Trustees will have the ability to enroll in or access Bill Pay service for the Legal Trust. I/We hereby accept responsibility for safeguarding the password(s) in order to prevent unauthorized access and transactions on the account. I/We agree that Navy Federal may revoke the Online Banking service if unauthorized access or transactions occur as the apparent result of negligence in safeguarding the password(s).

I/We acknowledge receipt of, and agree to, the Navy Federal Mobile Banking, Online Banking, and Bill Pay Disclosure (NFCU 652A) and all amendments mailed to the address shown on Navy Federal records.

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 (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 Trustee (required) ▶	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 Co-trustee (if applicable) ▶	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.

G. Signatures (Required for owner(s) of existing accounts being reassigned.)

Signature of Owner's (required) ▶	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 Joint Owner (if applicable) ▶	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.