Navy Federal®

Application for Deposit Trust Account

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.

Account Title

Name of Legal Trust

Social Security No. *(SSN or ITIN)* or Employer Identification No. | Grantor *(If different from Trustee)* | Grantor's Access No.

Navy Federal's Address: Navy Federal Credit Union PO Box 3000, Merrifield, VA 22119-3000 **Navy Federal's Phone Number:** 888-842-6328

Trustee Information

M/F | Name: First | MI | Last | Suffix | Access No.

Rank | Pay Grade | Branch of Service ☐ Navy ☐ Marine Corps ☐ Army ☐ Air Force ☐ Coast Guard ☐ Other

Current Home Address: Street (Cannot Be a Post Office Box) | City | State | Zip Code | Date of Birth *(MM/DD/YY)*

Mailing Address: Street (If Different from Above Address) | 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.

Employer's Name | Employer's Address

Type of Business | Job Title | No. of Yrs. | Other Source(s) of Income *(Stocks, Alimony, Pension, etc.)*

Co-trustee Information *(Include address only if different from Grantor's/Trustee's)*

M/F | Name: First | MI | Last | Suffix | Access No.

Rank | Pay Grade | Branch of Service ☐ Navy ☐ Marine Corps ☐ Army ☐ Air Force ☐ Coast Guard ☐ Other

Current Home Address: Street (Cannot Be a Post Office Box) | City | State | Zip Code | Date of Birth *(MM/DD/YY)*

Mailing Address: Street (If Different from Above Address) | 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.

Employer's Name | Employer's Address

Type of Business | Job Title | No. of Yrs. | Other Source(s) of Income *(Stocks, Alimony, Pension, etc.)*

Persons Currently Listed in Your Legal Trust as Beneficiaries *(Subject to change if Legal Trust is amended)*

Name	Address	Relationship	Social Security Number

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

Additional information on reverse.

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Trust Options *(A new Access Number will be established separate from your existing Access Number.)*

For Existing Accounts

I would like to reassign the following accounts to the name of the Legal Trust. Please include all account numbers that should be reflected under the Legal Trust.

☐ Savings _____

(1) A membership savings account must be maintained.
(2) A new Trust savings account can be established to transfer individual savings account funds.
(3) Current savings account balance may be transferred to the new Trust savings account except for the required $5 minimum to maintain membership.

☐ Checking Account _____

☐ MMSA _____

☐ Jumbo MMSA _____

☐ Certificate(s) _____ _____ _____

To Establish New Accounts

I would like to establish a new account under the Legal Trust.

☐ Trust Savings
Required for a new or existing certificate account.

☐ Checking (Select one option.)

- ☐ EveryDay Checking
- ☐ e-Checking
- ☐ Flagship Checking
- ☐ Active Duty Checking®

☐ MMSA
Amount _____
Transfer From _____

☐ Jumbo MMSA
Amount _____
Transfer From _____

☐ Certificate(s)
Term _____
Amount _____
Transfer From _____

☐ I would like to have Navy Federal Online® (NFO) Account Access.

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 the Trustees 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 the Trustee/Co-trustee, or withdrawn in whole or in part by any Trustee/Co-trustee during their lives.

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.

Upon the death of the Grantor, 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 against any savings and dividends I/we have on deposit at Navy Federal if I/we fail to satisfy a financial obligation I/we have 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 Navy Federal Online Account Access 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 Account Access service if unauthorized access or transactions occur as the apparent result of negligence in safeguarding the password(s). If Navy Federal is notified that I/we have included the credit union in the filing of a petition of bankruptcy, Navy Federal may revoke Account Access service to the account. The Trustees acknowledge receipt of, and agree to, the Navy Federal Online Account Access and Mobile Banking Disclosure Terms and Conditions (NFCU 652-A) and all amendments mailed to the address shown on Navy Federal records.

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

▶ _____ _____
Signature of Trustee *(Required)* Date *(MM/DD/YY)*

▶ _____ _____
Signature of Co-trustee *(If applicable)* Date *(MM/DD/YY)*

Tax Certifications and Signatures

Under penalties of perjury, I certify that (1) the SSN/ITIN provided on this form is correct, (2) I am not subject to backup withholding, and (3) I am a U.S. citizen or U.S. resident alien unless I have checked the box below. **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)*

☐ **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)*

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