



CHANGE OF INFORMATION/ADD JOINT OWNER

This form is used to change member information and/or add a joint owner to an existing account.

ACCESS NO.
SHARE SAVINGS NO.

My Current Information				
NAME: FIRST	MI	LAST	SUFFIX	SOCIAL SECURITY NO. — —

My New Information (Only complete the blocks representing the information that you wish to change.)				
NAME: FIRST	MI	LAST	SUFFIX	
CURRENT ADDRESS: STREET <small>CANNOT BE A PO BOX</small>	CITY		STATE	ZIP CODE
MAILING ADDRESS: STREET	CITY		STATE	ZIP CODE
DATE OF BIRTH (MO., DAY, YR.) — —	SOCIAL SECURITY NO. — —	HOME PHONE ()	CELL OR OTHER CONTACT NO. ()	
E-MAIL ADDRESS REQUIRED FOR NAVY FEDERAL ONLINE [®] ACCOUNT ACCESS				

My New Employment Information				
EMPLOYER'S NAME			OFFICE PHONE ()	
EMPLOYER'S ADDRESS: STREET		CITY	STATE	ZIP CODE
TYPE OF BUSINESS		JOB TITLE		NO. OF YEARS
RANK	RATE	<input type="checkbox"/> DoD Military <input type="checkbox"/> Civilian DoD Employee	<input type="checkbox"/> Non DoD Civilian Employee <input type="checkbox"/> Retired, but Employed	<input type="checkbox"/> Fully Retired <input type="checkbox"/> Not a Wage Earner
RE-ENLISTMENT DATE (MO., DAY, YR.) — —	OTHER SOURCE(S) OF INCOME (STOCKS, ALIMONY, PENSION, ETC.)			

Add Joint Owner (Complete this section to add a joint owner to an existing account. To remove a current joint owner from an account, you will need to complete form NFCU 596.)				
Add Joint Owner to:				
<input type="checkbox"/> Savings Account _____ <small>Account No.</small>		<input type="checkbox"/> MMSA _____ <small>Account No.</small>		
<input type="checkbox"/> Checking Account _____ <small>Account No.</small>		<input type="checkbox"/> Jumbo MMSA _____ <small>Account No.</small>		
Issue Joint Owner:				
<input type="checkbox"/> VISA [®] Check Card		<input type="checkbox"/> Navy Federal Online Account Access		
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	NAME: FIRST	MI	LAST	SUFFIX
DATE OF BIRTH (MO., DAY, YR.) — —				
CURRENT HOME ADDRESS: STREET <small>CANNOT BE A PO BOX</small>		CITY	STATE	ZIP CODE
DRIVER'S LICENSE OR GOVERNMENT ISSUED ID NO.		STATE	EXPIRATION DATE (MO., DAY, YR.) — —	SOCIAL SECURITY NO. (ITIN) — —
E-MAIL ADDRESS REQUIRED FOR NAVY FEDERAL ONLINE ACCOUNT ACCESS				HOME PHONE ()
EMPLOYER'S NAME				CELL OR OTHER CONTACT NO. ()
EMPLOYER'S ADDRESS: STREET		CITY	STATE	ZIP CODE
OFFICE PHONE ()				
TYPE OF BUSINESS		JOB TITLE		NO. OF YEARS
OTHER SOURCE(S) OF INCOME (STOCKS, ALIMONY, PENSION, ETC.)				



Survivorship Selection (Check One)

The survivorship designation on my membership/share savings account applies to all other joint accounts with the same joint owner, unless specifically designated otherwise for a particular account.

JOINT ACCOUNT WITH SURVIVORSHIP (On the death of an account owner, the deceased shares pass to the surviving owner.)

JOINT ACCOUNT – NO SURVIVORSHIP (On the death of an account owner, the deceased shares pass to the estate.)

SIGNATURE OF MEMBER

SIGNATURE OF JOINT OWNER



Disclosure And Agreement (Please read and sign below to complete application.)

I acknowledge that membership at Navy Federal Credit Union comes with certain ongoing responsibilities. By signing this document, I agree to abide by the properly disclosed terms and conditions of all accounts or services that I may receive at Navy Federal. These terms and conditions will be disclosed in accordance with applicable state and federal laws. **I authorize Navy Federal Credit Union to obtain a consumer credit report to evaluate my creditworthiness.**

I understand that Navy Federal reserves the right to enforce a statutory lien against any savings and dividends I have on deposit at Navy Federal if I fail to satisfy a financial obligation I 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 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.

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.

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

SIGNATURE OF MEMBER 	DATE (MO, DAY, YR.) — —
SIGNATURE OF JOINT OWNER 	DATE (MO, DAY, YR.) — —

FOR OFFICE USE ONLY	
SOB CODE	EMP. NO.