

Deposit Trust Accounts

Let us handle your deposit trust account needs.

Most of Navy Federal's savings and checking accounts can be designated as Payable on Death (POD) Accounts, Deposit Trustee Accounts and Deposit Trust Accounts.

These include:

- Share savings
- EveryDay Checking
- e-Checking
- Flagship Checking
- Money Market Savings Accounts (MMSA)
- Share Certificates

Please note:

Individual Retirement Accounts (IRAs) cannot be designated as POD Accounts, Deposit Trustee Accounts or Deposit Trust Accounts. IRAs are already considered Trust Accounts in their own right and are regulated by specific federal guidelines.

Which account is best for you?

Payable on Death Accounts

If you are looking for an account that only allows you access, but wish to have the proceeds in the account paid directly to your beneficiary(ies), the POD Account may fill your needs. No legal trust documents are required.

As the owner, only you have access to your funds during your lifetime. No joint owners are allowed on this account. Upon your death, the remaining funds are disbursed to your named beneficiary(ies) on the account without having to pass through probate.

To establish, complete and submit the *Payable on Death (POD) Account* form at the end of this e-brochure.

Deposit Trustee Accounts

If you are looking for the benefits of a POD Account, but would also like someone to have access to the account in addition to yourself, Navy Federal offers a simple Deposit Trustee Account. Unlike a POD Account, this account can have a co-trustee who has the same access to the account as you do.

Like the POD Account, no legal trust documents are required—you can simply open this type of account with your Social Security number.

You and your co-trustee can access the account at any time during your lifetimes. Upon your death, the funds in the account will be managed by the co-trustee for the remainder of their lifetime. Only upon the death of both you and your co-trustee are funds disbursed to the designated beneficiary(ies) without going through probate.

To establish, complete and submit the *Application for a Deposit Trustee Account* form at the end of this e-brochure.

Deposit Trust Accounts

Deposit Trust Accounts are depository accounts that can hold funds designated by a legal trust. Legal trusts are set up outside Navy Federal and require the services of a lawyer or Trust Officer. If you would like assistance in setting up your legal trust, please contact Navy Federal Trust Services at 1-877-221-8108.

Legal trusts shelter your assets during your lifetime. Upon your death, the administrator of your trust or your successor trustee will manage the funds in the account as stated in your legal trust agreement.

Navy Federal's Deposit Trust Accounts are opened in the name of the trust. The account will also allow you, the trustee and any co-trustee listed in the legal document to access the funds during your lifetime. Your legal trust is the beneficiary for this type of account. Upon your death, funds can continue to be managed by the co-trustee (unless otherwise specified in the trust). Upon the death of both you and your co-trustee, proceeds left in the Deposit Trust Account will be disbursed to your legal trust, who will administer payouts already pre-determined in the trust document.



Apply by phone
1-888-842-NFCU(6328)

For toll-free numbers
when overseas, visit
navyfederal.org/overseas/

Collect internationally
1-703-255-8837

TDD for the
hearing impaired
1-888-869-5863

Online at
navyfederal.org

Or visit a branch

Deposit Trust Accounts

To establish a Deposit Trust Account, complete and submit the *Application for a Deposit Trust Account* form at the end of this brochure.

Additionally, for a Deposit Trust Account, Navy Federal requires:

- A copy of the legal trust pages that name the trust and provide the appropriate signatures that established the trust
- A copy of the legal trust pages designating the co-trustees

Please note:

Individual Retirement Accounts (IRAs) cannot be designated as PODs, Deposit Trustee or Deposit Trust Accounts. IRAs are trust accounts and are regulated by specific federal guidelines and insured separately by the National Credit Union Administration up to \$250,000.

Completing the Application Process

Once you have completed your application, simply drop it off at any branch office or mail it directly to Navy Federal Credit Union. All Navy Federal Deposit Trust Accounts are managed at Navy Federal Headquarters in Vienna, Virginia. So, if you decide to take your completed application to a branch office, be aware that the account will be opened and managed by employees at our Headquarters location.

If your intention is to designate existing accounts as Trustee or Trust funds, you must keep the following in mind: If your existing accounts have joint owners that are not designated as co-trustees, they will need to be removed and will no longer have access to these accounts. To remove joint owners from existing Navy Federal accounts, complete and submit the *Voluntary Removal of Joint Owner Request* form at the end of this e-brochure.

Federal Insurance Coverage

POD, Deposit Trustee and Deposit Trust Accounts are federally insured separately from your other Navy Federal accounts up to \$250,000 per trustee per beneficiary.

Insurance coverage examples:

POD Account

Account name: John Doe
Joint owner: None allowed
Beneficiary: Granddaughter
Amount insurance coverage:
1 member x 1 beneficiary = \$250,000

Deposit Trust Account, Example #1

Account name: Doe Family Trust
Trustee: John Doe
Co-trustee: Susan Doe
Beneficiaries: Doe Family Trust
Amount insurance coverage:
2 trustees x 1 beneficiary = \$500,000

Deposit Trust Account, Example #2

Account name: Doe Family Trust
Trustee: Susan Doe
Co-trustee: None
Beneficiaries: Doe Family Trust—however, the application reflects that the beneficiaries indicated in the legal trust (to be managed/distributed by the administrator of the trust) include 5 grandchildren.
Amount insurance coverage:
1 trustee x 5 beneficiaries (named in the trust) = \$1,250,000

Deposit Trustee Account

Account name: John Doe, Trustee
Trustee: John Doe
Co-trustee: Susan Doe
Beneficiaries: Son and Daughter
Amount insurance coverage:
2 trustees x 2 beneficiaries = \$1,000,000

If you have any questions, contact our Deposit Trust Account Section at **1-888-842-NFCU (6328)**, weekdays, 8:00 am to 4:30 pm, Eastern time.

This credit union is federally insured by the National Credit Union Administration.

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NAVY FEDERAL CREDIT UNION®

PAYABLE ON DEATH (POD) ACCOUNT

NOTE: This request will be used to name Payable on Death beneficiary(ies) on your share savings, checking, MMSA or Share Certificate Account(s). **Please be aware that you may not have a joint owner on your POD account. Therefore, you must take action to remove your current joint owner, if any, by having the joint owner complete Section C below.**

SECTION A - MEMBER INFORMATION						
<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.	MEMBER'S NAME (FIRST	MI	LAST	SUFFIX)	ACCESS NO.	SHARE SAVINGS NO.
CURRENT HOME ADDRESS		(STREET		CITY	STATE	ZIP CODE)
MAILING ADDRESS		(STREET		CITY	STATE	ZIP CODE)
<small>(COMPLETE ONLY IF DIFFERENT FROM ADDRESS ABOVE)</small>						
SSN/EIN/TIN	DATE OF BIRTH (MO., DAY, YR.)	HOME PHONE	DAYTIME PHONE			
— —	— —	()	()			
I request that the Payable on Death (POD) designation be placed on the following accounts: (Check all that apply.) <input type="checkbox"/> Share savings No. _____ <input type="checkbox"/> Checking No. _____ <input type="checkbox"/> MMSA No. _____ <input type="checkbox"/> Share Certificate No. _____ <input type="checkbox"/> All my existing accounts <input type="checkbox"/> Control No(s) _____						
SECTION B - BENEFICIARY DESIGNATION						
NAME OF BENEFICIARY(IES)	ADDRESS CANNOT BE A POST OFFICE BOX	DATE OF BIRTH	SOCIAL SECURITY NO.	RELATIONSHIP TO ACCOUNT OWNER	%	
		— —	— —		%	
		— —	— —		%	
		— —	— —		%	
MEMBER SIGNATURE					DATE (MO., DAY, YR.)	
					— —	
SECTION C - JOINT OWNER VOLUNTARY RELEASE						
I voluntarily request that my name be removed as joint owner of the Navy Federal Credit Union Account(s) listed below, and if applicable, remove my name as the authorized user of the Credit Union Card (CUCARD®), and Visa® Check Card (VCC). I understand that I am relinquishing all rights as joint owner of the account(s) and that I can no longer obtain information or make transactions on any of these accounts. I also acknowledge that if I am cosigner on this/these loan accounts, I remain responsible for repayment of the outstanding balance under the existing repayment terms. This request affects the following accounts: (Check all that apply.) <input type="checkbox"/> Share savings Account No(s) _____ , _____ , _____ <input type="checkbox"/> Checking Account No(s) _____ , _____ , _____ <input type="checkbox"/> MMSA <input type="checkbox"/> Share Certificate(s) Control No(s) _____ , _____ , _____ , _____						
JOINT OWNER (1) NAME (FIRST		MI		LAST	SUFFIX)	
JOINT OWNER (2) NAME (FIRST		MI		LAST	SUFFIX)	
JOINT OWNER (1) SIGNATURE					DATE (MO., DAY, YR.)	
					— —	
JOINT OWNER (2) SIGNATURE					DATE (MO., DAY, YR.)	
					— —	



NAVY FEDERAL CREDIT UNION

FOR OFFICE USE ONLY
ACCESS NO.
SHARE SAVINGS NO.

APPLICATION FOR A DEPOSIT TRUSTEE ACCOUNT

This application requires a Social Security Number (SSN/ITIN).

PLEASE PRINT OR TYPE This application replaces my previous Deposit Trustee Account Application.

TRUSTEE INFORMATION					
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RANK	PAY GRADE	TRUSTEE'S NAME FIRST MI LAST	SUFFIX	SOCIAL SECURITY NO. (ITIN)
DATE OF BIRTH (MO., DAY, YR.)		DRIVER'S LICENSE OR GOVERNMENT ISSUED ID NO.		STATE	EXPIRATION DATE (MO., DAY, YR.)
CURRENT HOME ADDRESS STREET <small>CANNOT BE A POST OFFICE BOX</small>			CITY	STATE	ZIP CODE
MAILING ADDRESS STREET <small>IF DIFFERENT FROM ABOVE ADDRESS</small>			CITY	STATE	ZIP CODE
E-MAIL ADDRESS					OFFICE PHONE-EXTENSION
EMPLOYER'S NAME			EMPLOYER'S ADDRESS		
TYPE OF BUSINESS		JOB TITLE	NO. OF YEARS	OTHER SOURCE(S) OF INCOME (STOCKS, ALIMONY, PENSION, ETC.)	

CO-TRUSTEE (INCLUDE ADDRESS ONLY IF DIFFERENT THAN TRUSTEE'S)					
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RANK	PAY GRADE	CO-TRUSTEE'S NAME FIRST MI LAST	SUFFIX	SOCIAL SECURITY NO. (ITIN)
DATE OF BIRTH (MO., DAY, YR.)		DRIVER'S LICENSE OR GOVERNMENT ISSUED ID NO.		STATE	EXPIRATION DATE (MO., DAY, YR.)
CURRENT HOME ADDRESS STREET <small>CANNOT BE A POST OFFICE BOX</small>			CITY	STATE	ZIP CODE
E-MAIL ADDRESS				CELL OR OTHER CONTACT NO.	OFFICE PHONE-EXTENSION
EMPLOYER'S NAME			EMPLOYER'S ADDRESS		
TYPE OF BUSINESS		JOB TITLE	NO. OF YEARS	OTHER SOURCE(S) OF INCOME (STOCKS, ALIMONY, PENSION, ETC.)	

BENEFICIARY INFORMATION (COMPLETE BENEFICIARY OR THE LEGAL TRUST INFORMATION, CANNOT BE BOTH)		
NAME	ADDRESS	RELATIONSHIP TO TRUSTEE
NAME	ADDRESS	RELATIONSHIP TO TRUSTEE
NAME	ADDRESS	RELATIONSHIP TO TRUSTEE
OR		
NAME OF LEGAL TRUST		

TRUSTEE OPTIONS (PLEASE CHOOSE ONE, YOU MAY NOT SELECT BOTH.)	
<p>OPTION 1</p> <p>I would like to re-title the following account(s) to this Trustee account.</p> <p><input type="checkbox"/> ALL MY EXISTING DEPOSIT ACCOUNTS <small>(An Individual Retirement Account (IRA) cannot be added to a Trustee Account.)</small></p> <p><input type="checkbox"/> SHARE SAVINGS ACCOUNT NO. _____</p> <p><input type="checkbox"/> CHECKING ACCOUNT NO. _____</p> <p><input type="checkbox"/> MMSA ACCOUNT NO. _____</p> <p><input type="checkbox"/> SHARE CERTIFICATE(S) _____</p>	<p>OPTION 2</p> <p>I would like to establish a new Trustee Account.</p> <p><input type="checkbox"/> SHARE SAVINGS CHECKING (Select one option)</p> <p><input type="checkbox"/> MMSA <input type="checkbox"/> EVERYDAY CHECKING</p> <p><input type="checkbox"/> SHARE CERTIFICATE <input type="checkbox"/> e-CHECKING</p> <p>Term _____</p> <p>Amount _____ <input type="checkbox"/> FLAGSHIP CHECKING</p>

Under penalties of perjury, I certify that (1) the Social Security Number(s) (SSN/ITIN) on this form is/are correct, (2) I am not subject to backup withholding, and (3) that I am a U.S. citizen or U.S. resident alien. I have read and accept the information pertaining to Deposit Trustee Accounts printed on the reverse of this document. **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 TRUSTEE 	DATE (MO., DAY, YR.) — —	SIGNATURE OF CO-TRUSTEE 	DATE (MO., DAY, YR.) — —
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DISCLOSURES

I hereby apply for a Deposit Trustee Account at Navy Federal Credit Union in my name as Trustee(s)/Partner(s) for the beneficiaries or legal trust on reverse.

The Trustee(s)/Partner(s) in this account acknowledge that Navy Federal shall act in its capacity as a financial institution and assumes no responsibility for the action(s) or inaction, including but not limited to the deposit, accumulation or withdrawal of funds, by properly designated Trustee(s)/Partner(s). Regardless of date of amendment and/or subsequent assignment, all parties hereby agree with each other and Navy Federal that they shall discharge Navy Federal from any liability due to the actions of any Trustee(s)/Partner(s) in regard to this account.

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(s)/Partner(s) or withdrawn in whole or in part by any Trustee(s)/Partner(s) during their lives.

Upon the death of the titled Trustee(s)/Partner(s) of this account, Navy Federal reserves the right to transfer this account to the surviving Trustee(s)/Partner(s).

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

All parties to this account acknowledge that Navy Federal reserves the right to terminate this or any account that deems to be maintained in an unsound manner.

Upon the death of all the Trustee(s)/Partner(s), funds in this account shall be made payable to the surviving beneficiary, or if more than one beneficiary, to the surviving beneficiaries equally. If a member's legal trust is named beneficiary, payment will be made *in full* to the legal trust.

I have read and agree to the terms and conditions of the *Important Disclosure Booklet* (NFCU 606).

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.

NAVY FEDERAL CREDIT UNION

FOR OFFICE USE ONLY
ACCESS NO.
SHARE SAVINGS NO.

APPLICATION FOR A DEPOSIT TRUST ACCOUNT

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.

PLEASE PRINT OR TYPE This application replaces my previous Deposit Trust Account Application.

ACCOUNT TITLE	
NAME OF LEGAL TRUST	SOCIAL SECURITY NO. (SSN/ITIN) OR EIN — —

GRANTOR/TRUSTEE INFORMATION							
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RANK	PAY GRADE	GRANTOR/TRUSTEE'S NAME FIRST	MI	LAST	SUFFIX	SOCIAL SECURITY NO. (ITIN) — —
DATE OF BIRTH (MO., DAY, YR.) — —		DRIVER'S LICENSE OR GOVERNMENT ISSUED ID NO.			STATE	EXPIRATION DATE (MO., DAY, YR.) — —	
CURRENT HOME ADDRESS STREET (CANNOT BE A POST OFFICE BOX)			CITY	STATE	ZIP CODE	HOME PHONE ()	
MAILING ADDRESS STREET (IF DIFFERENT FROM ABOVE ADDRESS)			CITY	STATE	ZIP CODE	CELL OR OTHER CONTACT NO. ()	
E-MAIL ADDRESS						OFFICE PHONE-EXTENSION ()	
EMPLOYER'S NAME				EMPLOYER'S ADDRESS			
TYPE OF BUSINESS		JOB TITLE		NO. OF YEARS	OTHER SOURCE(S) OF INCOME (STOCKS, ALIMONY, PENSION, ETC.)		

CO-TRUSTEE (INCLUDE ADDRESS ONLY IF DIFFERENT THAN GRANTOR/TRUSTEE'S)							
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RANK	PAY GRADE	CO-TRUSTEE'S NAME FIRST	MI	LAST	SUFFIX	SOCIAL SECURITY NO. (ITIN) — —
DATE OF BIRTH (MO., DAY, YR.) — —		DRIVER'S LICENSE OR GOVERNMENT ISSUED ID NO.			STATE	EXPIRATION DATE (MO., DAY, YR.) — —	
CURRENT HOME ADDRESS STREET (CANNOT BE A POST OFFICE BOX)			CITY	STATE	ZIP CODE	HOME PHONE ()	
E-MAIL ADDRESS				CELL OR OTHER CONTACT NO. ()		OFFICE PHONE-EXTENSION ()	
EMPLOYER'S NAME				EMPLOYER'S ADDRESS			
TYPE OF BUSINESS		JOB TITLE		NO. OF YEARS	OTHER SOURCE(S) OF INCOME (STOCKS, ALIMONY, PENSION, ETC.)		

THE BENEFICIARY OF THIS ACCOUNT IS THE LEGAL TRUST INDICATED ABOVE

For National Credit Union Administration Share Insurance purposes only

PERSONS CURRENTLY LISTED IN YOUR LEGAL TRUST AS BENEFICIARIES (Subject to change if legal trust is amended.)		
NAME	ADDRESS	RELATIONSHIP TO TRUSTEE
NAME	ADDRESS	RELATIONSHIP TO TRUSTEE
NAME	ADDRESS	RELATIONSHIP TO TRUSTEE
NAME	ADDRESS	RELATIONSHIP TO TRUSTEE

To compute National Credit Union Administration Share Insurance Coverage, multiply the number of Trustees by the number of eligible beneficiaries as listed in the Legal Trust.

TRUST OPTIONS (PLEASE CHOOSE OPTION 1 OR OPTION 2, YOU MAY NOT SELECT BOTH)	
<p>OPTION 1</p> <p>I would like to designate the following account(s) under this Trust Account.</p> <p><input type="checkbox"/> SHARE SAVINGS* _____</p> <p><input type="checkbox"/> CHECKING ACCOUNT NO. _____</p> <p><input type="checkbox"/> MMSA NO. _____</p> <p><input type="checkbox"/> SHARE CERTIFICATE(S) _____</p> <p><small>* If you have an existing loan, credit card or mortgage, your current share savings will remain in affect and a new trust savings will be established. You will receive a new access number and all certificates will receive a new account number.</small></p>	<p>OPTION 2</p> <p>I would like to establish a new account under this Trust Account.</p> <p><input type="checkbox"/> SHARE SAVINGS <input type="checkbox"/> CHECKING (Select one option)</p> <p><input type="checkbox"/> MMSA <input type="checkbox"/> EVERYDAY CHECKING</p> <p><input type="checkbox"/> SHARE CERTIFICATE <input type="checkbox"/> e-CHECKING</p> <p>Term _____ <input type="checkbox"/> FLAGSHIP CHECKING</p> <p>Amount _____</p>

Under penalties of perjury, I certify that (1) the Social Security Number (SSN/ITIN) and/or Employer Identification Number (EIN) listed on this form is correct and (2) this is a domestic trust not subject to backup withholding. I have read and accept the information pertaining to Deposit Trust Accounts printed on the reverse of this document. **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 TRUSTEE 	DATE (MO., DAY, YR.) — —
SIGNATURE OF CO-TRUSTEE 	DATE (MO., DAY, YR.) — —



DISCLOSURES

I hereby apply for a Deposit Trustee Account at Navy Federal Credit Union in my name as Trustee(s)/Partner(s) for the beneficiaries or legal trust on reverse.

The Trustee(s)/Partner(s) in this account acknowledge that Navy Federal shall act in its capacity as a financial institution and assumes no responsibility for the action(s) or inaction, including but not limited to the deposit, accumulation or withdrawal of funds, by properly designated Trustee(s)/Partner(s). Regardless of date of amendment and/or subsequent assignment, all parties hereby agree with each other and Navy Federal that they shall discharge Navy Federal from any liability due to the actions of any Trustee(s)/Partner(s) in regard to this account.

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(s)/Partner(s) or withdrawn in whole or in part by any Trustee(s)/Partner(s) during their lives.

Upon the death of the titled Trustee(s)/Partner(s) of this account, Navy Federal reserves the right to transfer this account to the surviving Trustee(s)/Partner(s).

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

All parties to this account acknowledge that Navy Federal reserves the right to terminate this or any account that deems to be maintained in an unsound manner.

Upon the death of all the Trustee(s)/Partner(s), funds in this account shall be made payable to the surviving beneficiary, or if more than one beneficiary, to the surviving beneficiaries equally. If a member's legal trust is named beneficiary, payment will be made *in full* to the legal trust.

I have read and agree to the terms and conditions of the *Important Disclosure Booklet* (NFCU 606).

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.

NAVY FEDERAL CREDIT UNION®

VOLUNTARY REMOVAL OF JOINT OWNER REQUEST

MEMBER'S NAME (FIRST MI LAST)		MEMBER'S SHARE SAVINGS NO.
		MEMBER'S ACCESS NO.
JOINT OWNER (1) NAME (FIRST MI LAST)		
JOINT OWNER (2) NAME (FIRST MI LAST)		

I (we) voluntarily request that the name(s) above be removed as joint owner(s) of the Navy Federal Credit Union account(s) listed below, and if applicable, also removed as the authorized user of the Credit Union Services Card (CUCARD®), and Visa® Check Card.

I (we) understand that all rights as joint owner(s) of the account(s) are relinquished and that I (we) can no longer obtain information or make transactions on any of these accounts. I (we) also acknowledge that as cosigner on this/these loan account(s), I (we) remain responsible for repayment of the outstanding balance under the existing repayment terms.

This request affects the following accounts: (Check one or more)

- Share savings (Account Nos.) _____, _____, _____
- Checking (Account Nos.) _____, _____, _____
- NAVchek® Line of Credit
- Money Market Savings Account (MMSA)
- Share Certificate(s) (Control Nos.) _____, _____, _____, _____, _____
- Visa/MasterCard®
- Trustee Account (Co-Trustee)
- Custodial Account (Custodian)

JOINT OWNER (1) SIGNATURE	DATE (MO., DAY, YR.) — —
JOINT OWNER (2) SIGNATURE	DATE (MO., DAY, YR.) — —

FOR OFFICE USE ONLY	
NFCU® EMPLOYEE	DATE (MO., DAY, YR.) — —
BRANCH	

