



## Fiduciary Account Application

Please mail the application with copies of valid photo identification (such as driver's license) for all persons listed on the account to Northwest Federal Credit Union Attention: Deposit Administration P.O. Box 1229 Herndon, VA 20172-1229, or fax to 703-925-5113.

- New Account
 Account Updates:
 Add/Change Fiduciary Account Information
   
 Add Services

| Account Information   |               |                              |   |                 |  |
|---|---------------|------------------------------|---|-----------------|--|
| <b>Important Information About Procedures for Opening a New Account</b><br>To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. <b>What This Means for You:</b> 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. |               |                              |   |                 |  |
| For the Benefit of  |               | SSN/TIN                      |   | Account Title   |  |
| Home Phone  |               | Work Phone                   |   | Mobile Phone*   |  |
| Date of Birth   |               |                              |   |                 |  |
| Street Address  |               |                              | City, State, Zip  |                 |  |
| Mailing Address (if different from above)   |               |                              | City, State, Zip  |                 |  |
| Email Address   |               | Government Issued Photo ID # | ID Type   | Date Issued     | Expiration Date  |
| Account Type  |               |                              |   |                 |  |
| <input type="checkbox"/> <b>Representative Payee Account</b> - Established by Representative Payee and owned by Social Security Administration's benefit recipient.<br><br>Provide:<br><input type="checkbox"/> Social Security Administration documents  |               |                              | <input type="checkbox"/> <b>Guardianship Account</b> - Established by Guardian and owned by the Ward.<br><br>Provide:<br><input type="checkbox"/> Letters of Guardianship<br><input type="checkbox"/> Court Order Appointing Guardian |                 |  |
| <input type="checkbox"/> <b>Veterans Benefits Administration Account</b><br><br>Provide:<br><input type="checkbox"/> Appropriate documentation from the Department of Veterans Affairs  |               |                              | <input type="checkbox"/> <b>Other</b> _____   |                 |  |
| Person Establishing Account   |               |                              |   |                 |  |
| Person Establishing Account (1)   |               |                              |   |                 |  |
| Name  |               |                              | Title   |                 | <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Retain |
| SSN/TIN   | Date of Birth | Home Phone                   |   | Work Phone      | Mobile Phone*  |
| Relationship to Primary Member  |               |                              | Email Address   |                 |  |
| Government Issued Photo ID #  | ID Type       | Date Issued                  |   | Expiration Date | State Issued   |
| Street Address  |               |                              | City, State, Zip  |                 |  |
| Person Establishing Account (2)   |               |                              |   |                 |  |
| Name  |               |                              | Title   |                 | <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Retain |
| SSN/TIN   | Date of Birth | Home Phone                   |   | Work Phone      | Mobile Phone*  |
| Relationship to Primary Member  |               |                              | Email Address   |                 |  |
| Government Issued Photo ID #  | ID Type       | Date Issued                  |   | Expiration Date | State Issued   |
| Street Address  |               |                              | City, State, Zip  |                 |  |

**Membership Eligibility**

**I am eligible to join in the following way**

(i.e., Federally Affiliated, Family, Community Partner or Employer)

**Services Desired**

- |  |  |
|--|--|
| <input type="checkbox"/> Primary Savings Account<br><small>(required for membership, with a \$1 minimum deposit)</small> | <input type="checkbox"/> Overdraft Protection  |
| <input type="checkbox"/> Secondary Savings Account   | <input type="checkbox"/> Primary Savings Account   |
| <input type="checkbox"/> Savings Club Account  | <input type="checkbox"/> Kasasa Saver®   |
| <input type="checkbox"/> Money Market Account  | <input type="checkbox"/> Secondary Savings Account   |
| <input type="checkbox"/> Certificate Account(s)  | <input type="checkbox"/> Money Market Account  |
| <input type="checkbox"/> Checking Account  | <input type="checkbox"/> Standard Member Protection Plan** <small>(separate form; fee applies)</small> |
| <input type="checkbox"/> Choice  | <small>**If Member Protection Plan is selected, it will be the last overdraft source used.</small>     |
| <input type="checkbox"/> Kasasa Cash®  | <input type="checkbox"/> Online Banking  |
| <input type="checkbox"/> with Kasasa Saver®  | <input type="checkbox"/> Secondary Savings Account   |
| <input type="checkbox"/> Elite   | <input type="checkbox"/> Money Market Account  |
| <input type="checkbox"/> Kasasa Cash Back®   | <input type="checkbox"/> Savings Club Account  |
| <input type="checkbox"/> with Kasasa Saver®  | <input type="checkbox"/> Certificate Account(s)  |

**SSN/Taxpayer Identification Number (TIN) Certification and backup withholding information**

Under penalties of perjury, I certify that: (1) the Social Security Number (SSN)/Taxpayer Identification Number (TIN) listed above is my correct taxpayer identification number (or I am waiting for one to be issued); and (2) I am not subject to backup withholding because (a) I am exempt, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) because the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7). I hereby grant Northwest Federal a security interest in all shares and dividends on deposit, now and hereafter, in all accounts I own (including joint accounts) to secure any and all of my indebtedness or obligations to Northwest Federal (except loans secured by real estate), now and hereafter, including debts incurred by credit card. Funds in my Individual Retirement Account are excluded from this security interest. Northwest Federal may enforce this security interest without prior notice.

- I am subject to backup withholding     I am not a U.S. person; for income tax purposes I must complete a W-8BEN.

**Signatures Please include a clear copy of photo I.D.**

I/We hereby certify eligibility for membership and make application for membership in and agree to be bound by and conform to the by-laws, rules, regulations and policies now in effect and as amended or adopted in the future by Northwest Federal. I/We authorize Northwest Federal to obtain a consumer credit report in establishing this account or other related financial services as submitted now or in the future. By signing below, I/we certify that all the information on this Application is true and correct under penalty of perjury and agree to acknowledge receipt of the account agreements and disclosures, including but not limited to "Account Agreement", "Electronic Services Agreement and Disclosure" and "Wire Transfer Agreement".

By signing below, whether You are a custodian, administrator, representative payee, guardian, or other entity separate from the account owner(s), You certify that You, by resolution, court order or otherwise, duly adopted in accordance with court orders, IRS directives or applicable law, are authorized to request and cause the changes to be implemented, sign up for the additional products and services with Northwest Federal, and to take all other actions and steps reasonable or necessary to do so, and deliver any instruments, or agreements as necessary to Northwest Federal. Any action hereto taken by You is hereby ratified and confirmed by the account owner. Unless or until Northwest Federal is given written notice otherwise, any one of the undersigned shall have full power and authority to act on Your behalf.

By signing below, you understand that if you choose to have access to Online Banking and Remote Services you will have simultaneous access to your personal accounts and the fiduciary account on which you are an authorized signer, and Northwest Federal shall have no liability for your transactions resulting in commingling of funds.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Primary Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fiduciary #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fiduciary #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*If you provide a mobile phone number, Northwest Federal has your permission to place calls or text messages, including autodialed and prerecorded message calls, to that number. Message and data rates may apply.