

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: Account Services, P.O. Box 1229 Herndon, VA 20172-1229, or fax to 703-925-5113.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:

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. **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.

A: PRIMARY MEMBER AND ACCOUNT INFORMATION (Please print)

- New Account**
 Account Update(s) Requested (select all that apply)
 Add/Change Fiduciary Account Information
 Add Services

For the Benefit of: Name (First, MI, Last)		Social Security Number/Tax Identification Number		Birthdate (MM/DD/YYYY)		Account Title			
Residential Address (Cannot be a P.O. box)			City		State/Province		ZIP/Postal Code		Country
Mailing Address (If different from residence)			City		State/Province		ZIP/Postal Code		Country
Home Phone Number		Work Phone Number		Mobile Phone Number*		Email Address			
Full Driver's License or State/Provincial ID Card Number		State/Province		Other Form of Identification		ID Issue Date (MM/DD/YYYY)		ID Expiration Date (MM/DD/YYYY)	
Source of Deposits, if Other than Payroll (i.e., pension, Social Security)					I am a: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non Resident Alien				

Do you expect to conduct international transactions (wire, ACH) on a regular basis? Yes No

If yes, what country(ies)? _____

I am eligible to join in the following way

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

B: ACCOUNT TYPE

- | | |
|--|---|
| <input type="checkbox"/> Representative Payee Account – Established by Representative Payee and owned by Social Security Administration's benefit recipient.
Provide: Social Security Administrative documents | <input type="checkbox"/> Guardianship Account – Established by Guardian and owned by the Ward.
Provide: 1) Letters of Guardianship, 2) Court Order Appointing Guardian |
| <input type="checkbox"/> Veterans Benefits Administration Account – Established by Representative Payee and owned by Social Security Administration's benefit recipient.
Provide: Appropriate documentation from the Department of Veterans Affairs | <input type="checkbox"/> Other:
_____ |

*If you provide a mobile phone number, you give Northwest permission to place calls or send text messages, including autodialed and prerecorded messages, to that number.

C: PERSON(S) ESTABLISHING ACCOUNT

PERSON #1 Name (First, MI, Last)			Title	Social Security Number/Tax Identification Number	Birthdate (MM/DD/YYYY)	
Street Address (Cannot be a P.O. box)		City		State/Province	ZIP/Postal Code	Country
Home Phone Number	Work Phone Number	Mobile Phone Number*	Email Address		Relationship to Primary Member	
Full Driver's License or State/Provincial ID Card Number	State/Province	Other Form of Identification		ID Issue Date (MM/DD/YYYY)	ID Expiration Date (MM/DD/YYYY)	
Source of Deposits, if Other than Payroll (i.e., pension, Social Security)				I am a: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non Resident Alien		

Do you expect to conduct international transactions (wire, ACH) on a regular basis? Yes No

If yes, what country(ies)? _____

PERSON #2 Name (First, MI, Last)			Title	Social Security Number/Tax Identification Number	Birthdate (MM/DD/YYYY)	
Street Address (Cannot be a P.O. box)		City		State/Province	ZIP/Postal Code	Country
Home Phone Number	Work Phone Number	Mobile Phone Number*	Email Address		Relationship to Primary Member	
Full Driver's License or State/Provincial ID Card Number	State/Province	Other Form of Identification		ID Issue Date (MM/DD/YYYY)	ID Expiration Date (MM/DD/YYYY)	
Source of Deposits, if Other than Payroll (i.e., pension, Social Security)				I am a: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non Resident Alien		

Do you expect to conduct international transactions (wire, ACH) on a regular basis? Yes No

If yes, what country(ies)? _____

D: PRODUCTS/SERVICES DESIRED – Choose your Northwest products and services by checking the appropriate boxes.

<input type="checkbox"/> Primary Savings Account REQUIRED for membership, with a \$1.00 minimum deposit <input type="checkbox"/> Checking Account <input type="checkbox"/> Dividend Rewards Checking (<input type="checkbox"/> with Rewards Savings) <input type="checkbox"/> Debit Rewards Checking (<input type="checkbox"/> with Rewards Savings) <input type="checkbox"/> Choice Checking <input type="checkbox"/> Elite Checking	Member Protection Plan (MPP) <input checked="" type="checkbox"/> Limited MPP (Comes with eligible accounts, form required to opt out) <input type="checkbox"/> Standard MPP (Opt in form is required) If Member Protection Plan is selected, it will be the last overdraft source. Fees apply.	<input type="checkbox"/> Online Banking <input type="checkbox"/> Secondary Savings Account <input type="checkbox"/> Money Market Account <input type="checkbox"/> Savings Club Account <input type="checkbox"/> Certificate Account(s)
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E: SOCIAL SECURITY NUMBER/TAX IDENTIFICATION NUMBER – 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 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 (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 may enforce this security interest without prior notice.

I am subject to backup withholding.

Instructions: Certification (2) above does not apply if this box is checked. You must check this box if You have been notified by the IRS that you are currently subject to backup withholding because You have failed to report all interest and dividends on Your tax return.

I am not a U.S. citizen or resident alien (including green card holder); for income tax purposes I must complete a W-8BEN.

Instructions: The certification paragraph above does not apply if this box is checked. You must provide a completed IRS form W-8BEN if this box is checked.

F: SIGNATURE(S) – Please include a clear copy of photo ID.

I/We hereby certify eligibility for membership, apply for membership, 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. I/We authorize Northwest 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, and to take all other actions and steps reasonable or necessary to do so, and deliver any instruments, or agreements as necessary to Northwest. Any action hereto taken by You is hereby ratified and confirmed by the account owner. Unless or until Northwest 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 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 X	Date
Fiduciary #1 Signature X	Date
Fiduciary #2 Signature X	Date