

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.

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 | ZIP Code |
| Mailing Address (If different from residence) | | | | City | | State | ZIP Code |
| Home Phone Number | | Work Phone Number | | Mobile Phone Number* | | Email Address | |
| Full Driver's License or State ID Card Number | | State | Other Form of Identification | | ID Issue Date (MM/DD/YYYY) | | ID Expiration Date (MM/DD/YYYY) |
| Approximate Annual Income \$ | 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 | | | |

How will you use this account? (i.e., savings, primary expenses)

Do you plan to use your account to conduct international transactions such as incoming or outgoing international wires or receive international ACH credits?
 Yes No

Are you or any member of your family a public official?
(Person(s) who are or have been entrusted with prominent public functions, i.e., heads of government, senior politicians, senior government, judicial or military officials)
 Yes No

I am eligible to join in the following way
(i.e., Federally Affiliated, Family, Community Partner or Employer)

B: ACCOUNT TYPE

- Representative Payee Account** – Established by Representative Payee and owned by Social Security Administration's benefit recipient.
Provide: Social Security Administrative documents
- 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
- Guardianship Account** – Established by Guardian and owned by the Ward.
Provide: 1) Letters of Guardianship, 2) Court Order Appointing Guardian
- Other:**

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

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 | ZIP Code |
| Home Phone Number | Work Phone Number | Mobile Phone Number* | Email Address | | | Relationship to Primary Member | |
| Full Driver's License or State ID Card Number | State | Other Form of Identification | | | ID Issue Date (MM/DD/YYYY) | ID Expiration Date (MM/DD/YYYY) | |
| Approximate Annual Income \$ | 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 | | |

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 Yes No

Are you or any member of your family a public official?
 (Person(s) who are or have been entrusted with prominent public functions, i.e., heads of government, senior politicians, senior government, judicial or military officials)
 Yes No

| | | | | | | | |
|---|--|------------------------------|---------------|-------|--|---------------------------------|------------------------|
| 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 | ZIP Code |
| Home Phone Number | Work Phone Number | Mobile Phone Number* | Email Address | | | Relationship to Primary Member | |
| Full Driver's License or State ID Card Number | State | Other Form of Identification | | | ID Issue Date (MM/DD/YYYY) | ID Expiration Date (MM/DD/YYYY) | |
| Approximate Annual Income \$ | 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 | | |

How will you use this account? (i.e., savings, primary expenses)

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 (Person(s) who are or have been entrusted with prominent public functions, i.e., heads of government, senior politicians, senior government, judicial or military officials)
 Yes No

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 | Overdraft Protection Select draw account(s) to be used as overdraft source(s) <input type="checkbox"/> Primary Savings Account <input type="checkbox"/> Rewards Savings <input type="checkbox"/> Secondary Savings Account <input type="checkbox"/> Money Market Account | <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) |
| | 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. | |

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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 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. 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 | Date |
| X | |
| Fiduciary #1 Signature | Date |
| X | |
| Fiduciary #2 Signature | Date |
| X | |