

Account Update



A: Account Updates Requested (Check all that apply)

Update Information

Add Joint Owner or Beneficiary (Complete Section C)

Open Additional Savings Account

- ATM Card
- Issue ATM Card to Joint Owner(s) on Account
(cards will be issued for all Joint Owners if selected)

Open Checking Account

Comes with a FREE ATM/Debit Mastercard® unless box is checked:
 Issue ATM/Debit Mastercard® to Joint Owner(s) on Account
 (cards will be issued for all Joint Owners if selected)

- Choice**
- Kasasa Cash®**
- with Kasasa Saver®
- Elite**
- Kasasa Cash Back®**
- with Kasasa Saver®

Overdraft Protection (select overdraft source(s))

- Primary Savings Account
- Kasasa Saver®
- Secondary Savings Account
- Money Market Account
- Member Protection Plan*: Standard Limited
(separate form; fee applies)

*If Member Protection Plan is selected, it will be the **last** overdraft source.

Open Savings Club Account

Open Money Market Account

Open Certificate Account(s) (separate disclosure and receipt will be provided)

B: Primary Owner of Account (Please print)

Type of Change to Personal Information: Name Change Address Change Phone Number and/or Email Update Change in Citizenship Status Other _____

Member Account Number _____
 Name (First, MI, Last) _____
 Address (cannot be a P.O. Box) _____
 City, State, ZIP _____ Is this a new address? Yes No
 Mailing Address (if different from residence) _____
 City, State, ZIP _____
 Employer _____
 Occupation _____

Home Phone _____ Work Phone _____
 Mobile Phone _____ Email Address _____
 SSN/TIN _____ Birthdate _____ (mm/dd/yyyy)
 Full Driver's License Number _____ State _____
 Other Form of Identification _____
 I.D. Issue Date _____ I.D. Expiration Date _____
 I am a: U.S. Citizen Permanent Resident Alien Non Resident Alien

C: Add Joint Owner or Beneficiary Northwest Federal may limit transactions conducted by Joint Owner

(Individual or Entity listed will be added to all savings and checking accounts listed for this member number, now and in the future, with the exception of IRAs, unless indicated otherwise.)

Joint Owner or Beneficiary #1 If Beneficiary: Percentage _____ %
 Name (First, MI, Last) _____
 Address (cannot be P.O. box) _____
 City, State, ZIP _____
 Home Phone _____ Work Phone _____
 SSN/TIN _____ Birthdate _____ (mm/dd/yyyy)
 Relationship to Member _____ Occupation _____
 Full Driver's License Number _____ State _____
 Driver's License Issue Date _____ Exp. Date _____
EXCLUDE Individual or Entity from _____ account.
 I am a: U.S. Citizen Permanent Resident Alien Non Resident Alien

Joint Owner or Beneficiary #2 If Beneficiary: Percentage _____ %
 Name (First, MI, Last) _____
 Address (cannot be P.O. box) _____
 City, State, ZIP _____
 Home Phone _____ Work Phone _____
 SSN/TIN _____ Birthdate _____ (mm/dd/yyyy)
 Relationship to Member _____ Occupation _____
 Full Driver's License Number _____ State _____
 Driver's License Issue Date _____ Exp. Date _____
EXCLUDE Individual or Entity from _____ account.
 I am a: U.S. Citizen Permanent Resident Alien Non Resident Alien

Joint Owner or Beneficiary #3 If Beneficiary: Percentage _____ %
 Name (First, MI, Last) _____
 Address (cannot be P.O. box) _____
 City, State, ZIP _____
 Home Phone _____ Work Phone _____
 SSN/TIN _____ Birthdate _____ (mm/dd/yyyy)
 Relationship to Member _____ Occupation _____
 Full Driver's License Number _____ State _____
 Driver's License Issue Date _____ Exp. Date _____
EXCLUDE Individual or Entity from _____ account.
 I am a: U.S. Citizen Permanent Resident Alien Non Resident Alien

Joint Owner or Beneficiary #4 If Beneficiary: Percentage _____ %
 Name (First, MI, Last) _____
 Address (cannot be P.O. box) _____
 City, State, ZIP _____
 Home Phone _____ Work Phone _____
 SSN/TIN _____ Birthdate _____ (mm/dd/yyyy)
 Relationship to Member _____ Occupation _____
 Full Driver's License Number _____ State _____
 Driver's License Issue Date _____ Exp. Date _____
EXCLUDE Individual or Entity from _____ account.
 I am a: U.S. Citizen Permanent Resident Alien Non Resident Alien

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

E: Security Interest

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.

Initials _____ Initials _____ Initials _____ Initials _____ Initials _____

F: Signatures

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 acknowledge receipt of the Account Agreements & Disclosures, Funds Transfer Agreement and Fee Schedule.

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 _____

Joint Owner #1 Signature **X** _____ Date _____

Joint Owner #2 Signature **X** _____ Date _____

Joint Owner #3 Signature **X** _____ Date _____

Joint Owner #4 Signature **X** _____ Date _____

Credit Union Use Only

- Change _____
- ID Scanned _____
- Previous Name _____
- CU Representative _____

Savings Acct # _____
Checking Acct # _____
Money Market Acct # _____
Club Acct # _____

Debit Mastercard # (1) _____
Debit Mastercard # (2) _____
ATM Card # (1) _____
ATM Card # (2) _____