



Trust Account Application

Revocable Trust
 Irrevocable Trust
 Testamentary Trust

Application Information

Name of Trust	Social Security Number (ITIN) or EIN
Grantor	Social Security Number (ITIN) or EIN
Grantor	Social Security Number (ITIN) or EIN

Trustee Information

Trustee's Name (First, MI, Last, Suffix)			
Current Residence (No P.O. Boxes)		City, State, Zip Code	
Date of Birth (MM/DD/YYYY)	Social Security Number (SSN)	Email Address	
Work Telephone	Home Telephone	Cell Phone	
Driver's License or Government Issued ID No.	State	Issue Date (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)

Co-Trustee Information #1

Trustee's Name (First, MI, Last, Suffix)			
Current Residence (No P.O. Boxes)		City, State, Zip Code	
Date of Birth (MM/DD/YYYY)	Social Security Number (SSN)	Email Address	
Work Telephone	Home Telephone	Cell Phone	
Driver's License or Government Issued ID No.	State	Issue Date (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)

Co-Trustee Information #2

Trustee's Name (First, MI, Last, Suffix)			
Current Residence (No P.O. Boxes)		City, State, Zip Code	
Date of Birth (MM/DD/YYYY)	Social Security Number (SSN)	Email Address	
Work Telephone	Home Telephone	Cell Phone	
Driver's License or Government Issued ID No.	State	Issue Date (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)

Account Options

Options for New Account:

<input type="checkbox"/> Savings	<input type="checkbox"/> Money Market
<input type="checkbox"/> Checking	<input type="checkbox"/> Certificate
<input type="checkbox"/> Choice	<input type="checkbox"/> Elite
<input type="checkbox"/> Kasasa Cash [®]	<input type="checkbox"/> Kasasa Cash Back [®]
<input type="checkbox"/> with Kasasa Saver [®]	<input type="checkbox"/> with Kasasa Saver [®]
	<input type="checkbox"/> Online Banking
	<input type="checkbox"/> eStatements
	<input type="checkbox"/> ATM or Debit Card

Kasasa[®] accounts are only available on Revocable Living Trust Accounts.

Current members: Indicate below if you would like to transfer funds from your existing accounts.

Account Type	Account Number or Certificate Number(s)	Amount Transferred
Savings Account		\$
Checking Account		\$
Money Market Account		\$
Certificate(s) (Certificates will be closed and a new certificate will be opened at the current rates/terms.)		

SSN/Taxpayer Identification Number (TIN)

Certification and backup withholding information (check appropriate box and sign at end of document)

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.

Security Interest

I, Trustee for this Account, hereby grant Northwest Federal a security interest in all shares and dividends on deposit, now and hereafter, in all accounts in the name of the Trust 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 _____

Hold Harmless

I/we hereby individually and as a trustee of the above named trust agree Northwest Federal (including its officers, directors, volunteers, employees and agents) shall not be liable for acts or omissions arising out of or related to the opening, administering or otherwise honoring of transactions on said trust except in the case of Northwest Federal's (including its officers, directors, volunteers, employees and agents) gross negligence. The grantor of the trust individually and as a trustee of the above named trust agree, except in a case involving the gross negligence of Northwest Federal (including its officers, directors, volunteers, employees and agents), to indemnify, defend and hold harmless Northwest Federal against claims, liabilities, demands, suits, causes of actions or proceedings of any kind or nature, losses or damages including attorneys' fees and costs of defense whether threatened or actually filed against Northwest Federal. The parties agree that this agreement, and its underlying obligations, will be construed under the laws of the Commonwealth of Virginia. The parties hereto further agree not to contest jurisdiction nor venue in the courts situated in Fairfax County, Virginia. The Agreement is not in effect until final review by the Trust Department of Northwest Federal.

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.

Signature of Trustee	Printed Name	Date (MM/DD/YYYY)
Signature of Co-Trustee #1	Printed Name	Date (MM/DD/YYYY)
Signature of Co-Trustee #2	Printed Name	Date (MM/DD/YYYY)

Office Use Only

Date Submitted	Date Accepted
Submitted: <input type="checkbox"/> Mail <input type="checkbox"/> Branch <input type="checkbox"/> Fax	Date
Northwest Federal Representative	Date
Account Number	X-Ref Account Number