

Membership Application & Update Form



A: Primary Owner of Account & Eligibility (Please print)

New Member

Account Update(s) Requested:

- Name Change
 Change of Address
 Change of Phone Number
 Add Joint Owner(s) (Complete Section C)
 Add Beneficiary (Complete Section D)
 Open Additional Product(s)/Service(s) (Complete Section B)

Name (First, MI, Last) _____

Residential Address (Cannot be a P.O. box) _____

City, State, ZIP _____

Mailing Address (If different from residence) _____

City, State, ZIP _____

Home Phone _____ Work Phone _____

Mobile Phone _____ Email Address _____

SSN (TIN if applicable) _____ Birthdate _____ (mm/dd/yyyy)

Full Driver's License Number _____ State _____

Other Form of Identification _____

I.D. Issue Date _____ I.D. Expiration Date _____

Employer _____ Occupation _____

I am a: U.S. Citizen Permanent Resident Alien Non Resident Alien

I am eligible to join in one of the following ways:

- Employee of the Agency (Please provide your AIN: _____)
- Employee of an Agency Contractor _____
- Through my Employer or Organization _____
- Through membership in a Community Partner _____
 (First year's annual dues required for new members)
- Immediate Family or Household Member:
- Member Name _____ Relationship _____

How did you hear about Northwest Federal?

- Radio Mail YouTube Event Referral Other _____

Please provide any other comments or specific channels _____

Approximate Annual Income \$ _____ Source of Deposits, if Other than Payroll (i.e., pension, Social Security) _____

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

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

B: Services Desired Choose your Northwest Federal services by checking the appropriate boxes below.

- Primary Savings Account** (Required for membership, with a \$1 minimum deposit)
- ATM Card (ATM/Debit Mastercard® available with checking account)
- Issue ATM Card to Joint Owner(s) on Account (Cards will be issued for all Joint Owners if selected)
- 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)
- Kasasa Cash®** **Kasasa Cash Back®** **Choice** **Elite**
- with Kasasa Saver® with Kasasa Saver®

- Overdraft Protection** (select overdraft source(s))
- Primary Savings Account Money Market Account
- Kasasa Saver® Member Protection Plan* (Separate form; fees apply)
- Secondary Savings Account Standard Limited
- *If Member Protection Plan is selected, it will be the last overdraft source.

- Online Banking**
- Secondary Savings Account** **Savings Club Account**
- Money Market Account** **Certificate Account(s)**

C: Joint Owner(s) Northwest Federal may limit transactions conducted by Joint Owner(s)

Joint Owners are not eligible for the full privileges of membership. To add a Joint Owner, select accounts below or Joint Owner will be added to all accounts with the exception of IRAs.

Joint Owner #1

All Accounts Checking Savings Money Market Certificate

Name (First, MI, Last) _____

Address (Cannot be P.O. box) _____

City, State, ZIP _____

Home Phone _____ Work Phone _____

SSN/TIN _____ Birthdate _____ (mm/dd/yyyy)

Occupation _____

Full Driver's License Number _____ State _____

Driver's License Issue Date _____ Exp. Date _____

I am a: U.S. Citizen Permanent Resident Alien Non Resident Alien

Product ID _____

Joint Owner #2

All Accounts Checking Savings Money Market Certificate

Name (First, MI, Last) _____

Address (Cannot be P.O. box) _____

City, State, ZIP _____

Home Phone _____ Work Phone _____

SSN/TIN _____ Birthdate _____ (mm/dd/yyyy)

Occupation _____

Full Driver's License Number _____ State _____

Driver's License Issue Date _____ Exp. Date _____

I am a: U.S. Citizen Permanent Resident Alien Non Resident Alien

Product ID _____

Joint Owner #3

All Accounts Checking Savings Money Market Certificate

Name (First, MI, Last) _____

Address (Cannot be P.O. box) _____

City, State, ZIP _____

Home Phone _____ Work Phone _____

SSN/TIN _____ Birthdate _____ (mm/dd/yyyy)

Occupation _____

Full Driver's License Number _____ State _____

Driver's License Issue Date _____ Exp. Date _____

I am a: U.S. Citizen Permanent Resident Alien Non Resident Alien

Product ID _____

Joint Owner #4

All Accounts Checking Savings Money Market Certificate

Name (First, MI, Last) _____

Address (Cannot be P.O. box) _____

City, State, ZIP _____

Home Phone _____ Work Phone _____

SSN/TIN _____ Birthdate _____ (mm/dd/yyyy)

Occupation _____

Full Driver's License Number _____ State _____

Driver's License Issue Date _____ Exp. Date _____

I am a: U.S. Citizen Permanent Resident Alien Non Resident Alien

Product ID _____

D: Designation Of Beneficiary

When designating multiple beneficiaries the percentage must equal 100%. To add a Beneficiary, select accounts below or the Beneficiary will be added to all accounts with the exception of IRAs.
This Beneficiary Designation does not apply to any IRA accounts.

Beneficiary #1 Percentage _____ %
 All Accounts Checking Savings Money Market Certificate
Name (First, MI, Last) _____
Entity _____ Relationship to Member _____
Address (Cannot be P.O. box) _____
City, State, ZIP _____
Product ID _____

Beneficiary #2 Percentage _____ %
 All Accounts Checking Savings Money Market Certificate
Name (First, MI, Last) _____
Entity _____ Relationship to Member _____
Address (Cannot be P.O. box) _____
City, State, ZIP _____
Product ID _____

Beneficiary #3 Percentage _____ %
 All Accounts Checking Savings Money Market Certificate
Name (First, MI, Last) _____
Entity _____ Relationship to Member _____
Address (Cannot be P.O. box) _____
City, State, ZIP _____
Product ID _____

Beneficiary #4 Percentage _____ %
 All Accounts Checking Savings Money Market Certificate
Name (First, MI, Last) _____
Entity _____ Relationship to Member _____
Address (Cannot be P.O. box) _____
City, State, ZIP _____
Product ID _____

E: 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); and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
- I am subject to backup withholding I am not a U.S. person; for income tax purposes I must complete a W-8BEN. Enter FATCA Code(s) here _____

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 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

Account Number _____ CU Representative _____ Date _____