

# 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\*  
 Secondary Savings Account   (Separate form; fees apply)  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. All accounts are owned jointly with right of survivorship. 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 \_\_\_\_\_