

Membership Application & Update Form



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 OWNER OF ACCOUNT AND ELIGIBILITY (Please print)

- New Member** **Account Update(s) Requested** (select all that apply)
- Name Change Change of Address Open Additional Products/Services (Complete Section B)
 Add Joint Owner(s) (Complete Section C) Add Beneficiary (Complete Section D)

Name (First, MI, Last)			Social Security Number (Tax Identification Number, if applicable)		Birthdate (MM/DD/YYYY)
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)	
Employer	Occupation/Job Title	Approximate Annual Income \$	Source of Deposits, if Other than Payroll (i.e., pension, Social Security)		

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

How did you hear about us? (Select one)

I'm already a member Family or friend My employer Google search Internet search
 Other: _____

B: PRODUCTS/SERVICES DESIRED – Choose your Northwest Federal 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"/> ATM Card (ATM/Debit Card available with checking account) <input type="checkbox"/> Issue ATM Card to Joint Owner(s) (Cards will be issued for all Joint Owners, if selected) <input type="checkbox"/> Checking Account Comes with a FREE ATM/Debit Card unless box is checked: <input type="checkbox"/> <input type="checkbox"/> Issue ATM/Debit Card to Joint Owner(s) on Account (Cards will be issued for all Joint Owners, if selected) <input type="checkbox"/> Kasasa Cash® Checking (<input type="checkbox"/> with Kasasa Saver®) <input type="checkbox"/> Kasasa Cash Back® Checking (<input type="checkbox"/> with Kasasa Saver®) <input type="checkbox"/> Choice Checking <input type="checkbox"/> Elite Checking	<input type="checkbox"/> Overdraft Protection Select overdraft source(s) <input type="checkbox"/> Primary Savings Account <input type="checkbox"/> Kasasa Saver® <input type="checkbox"/> Secondary Savings Account <input type="checkbox"/> Money Market Account <input type="checkbox"/> Standard Member Protection Plan (Separate form; fees apply) If Member Protection Plan is selected, it will be the last overdraft source.	<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)
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*If you provide a mobile phone number, Northwest Federal 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: JOINT OWNER(S) – Northwest Federal may limit transactions conducted by Joint Owner(s).

Joint Owner(s) are not eligible for the full privileges of membership. All accounts are owned jointly with right of survivorship. To add a Joint Owner, select account(s) below or Joint Owner will be added to all accounts with the exception of individual retirement accounts (IRAs). Any subsequent designation will supplement a prior designation unless it is inconsistent.

Joint Owner #1 <input type="checkbox"/> All Accounts <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Certificate									
Name (First, MI, Last)					Social Security Number (Tax Identification Number, if applicable)			Birthdate (MM/DD/YYYY)	
Address (Cannot be a P.O. box)				City			State	ZIP Code	
Home Phone Number		Work Phone Number		Mobile Phone Number*		Occupation/Job Title		Account Number	
Full Driver's License or State ID Card Number		State	ID Issue Date (MM/DD/YYYY)	ID Expiration Date (MM/DD/YYYY)		I am a: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non Resident Alien			

Joint Owner #2 <input type="checkbox"/> All Accounts <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Certificate									
Name (First, MI, Last)					Social Security Number (Tax Identification Number, if applicable)			Birthdate (MM/DD/YYYY)	
Address (Cannot be a P.O. box)				City			State	ZIP Code	
Home Phone Number		Work Phone Number		Mobile Phone Number*		Occupation/Job Title		Account Number	
Full Driver's License or State ID Card Number		State	ID Issue Date (MM/DD/YYYY)	ID Expiration Date (MM/DD/YYYY)		I am a: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non Resident Alien			

Joint Owner #3 <input type="checkbox"/> All Accounts <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Certificate									
Name (First, MI, Last)					Social Security Number (Tax Identification Number, if applicable)			Birthdate (MM/DD/YYYY)	
Address (Cannot be a P.O. box)				City			State	ZIP Code	
Home Phone Number		Work Phone Number		Mobile Phone Number*		Occupation/Job Title		Account Number	
Full Driver's License or State ID Card Number		State	ID Issue Date (MM/DD/YYYY)	ID Expiration Date (MM/DD/YYYY)		I am a: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non Resident Alien			

Joint Owner #4 <input type="checkbox"/> All Accounts <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Certificate									
Name (First, MI, Last)					Social Security Number (Tax Identification Number, if applicable)			Birthdate (MM/DD/YYYY)	
Address (Cannot be a P.O. box)				City			State	ZIP Code	
Home Phone Number		Work Phone Number		Mobile Phone Number*		Occupation/Job Title		Account Number	
Full Driver's License or State ID Card Number		State	ID Issue Date (MM/DD/YYYY)	ID Expiration Date (MM/DD/YYYY)		I am a: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non Resident Alien			

D: DESIGNATION OF BENEFICIARY – This Beneficiary Designation does not apply to any individual retirement accounts (IRAs).

When designating multiple beneficiaries, the percentage must equal 100%. To add a Beneficiary, select account(s) below or the Beneficiary will be added to all accounts with the exception of IRAs. Any subsequent designation will supplement a prior designation unless it is inconsistent.

Beneficiary #1 <input type="checkbox"/> All Accounts <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Certificate								Percentage: <input style="width: 50px;" type="text"/> %	
Name (First, MI, Last)				Entity		Relationship to Member		Account Number	
Address (Cannot be a P.O. box)				City			State	ZIP Code	

Beneficiary #2 <input type="checkbox"/> All Accounts <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Certificate								Percentage: <input style="width: 50px;" type="text"/> %	
Name (First, MI, Last)				Entity		Relationship to Member		Account Number	
Address (Cannot be a P.O. box)				City			State	ZIP Code	

Beneficiary #3 <input type="checkbox"/> All Accounts <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Certificate								Percentage: <input style="width: 50px;" type="text"/> %	
Name (First, MI, Last)				Entity		Relationship to Member		Account Number	
Address (Cannot be a P.O. box)				City			State	ZIP Code	

Beneficiary #4 <input type="checkbox"/> All Accounts <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Certificate								Percentage: <input style="width: 50px;" type="text"/> %	
Name (First, MI, Last)				Entity		Relationship to Member		Account Number	
Address (Cannot be a P.O. box)				City			State	ZIP Code	

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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 on page 1 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 Internal Revenue Service (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 Foreign Account Tax Compliance Act (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 agree to and acknowledge receipt of the account agreements and disclosures, including but not limited to the "Account Agreement," "Electronic Services Agreement and Disclosure" and "Wire Transfer Agreement."

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	
Joint Owner #1 Signature	Date
X	
Joint Owner #2 Signature	Date
X	
Joint Owner #3 Signature	Date
X	
Joint Owner #4 Signature	Date
X	

CREDIT UNION USE ONLY

Account Number	CU Representative	Date