NAVY FEDERAL CREDIT UNION®

MEMBERSHIP APPLICATION FOR A MINOR

FOR OFFICE USE ONLY
SHARE SAVINGS NO.
ACCESS NO.

☒ **KIDS' CLUB** ☐ **CAMPUS CHECKING** (Minor must be 14 or older) ☐ **VISA® CHECK CARD** (☐ For Minor ☐ For Joint Owner) ☐ **ATM CARD (CUCARD®)**

☐ MISS ☐ MR	MINOR'S NAME (FIRST MI LAST)	DATE OF BIRTH — —	MINOR'S SOCIAL SECURITY NO. — —
CURRENT HOME ADDRESS (CANNOT BE A POST OFFICE BOX) (STREET CITY STATE ZIP CODE)			HOME PHONE ( )
MAILING ADDRESS (COMPLETE ONLY IF DIFFERENT FROM ADDRESS ABOVE) (STREET CITY STATE ZIP CODE)			**RELATIONSHIP** ☐ Spouse ☐ Parent ☐ Child ☐ Sibling ☐ Grandchild ☐ Grandparent
NAME OF MEMBER THROUGH WHOM MINOR IS ELIGIBLE	MEMBER'S SHARE SAVINGS/ACCESS NO.		

JOINT OWNER INFORMATION **(Joint Owner(s) must be 18 or older and will be on both savings and checking.)**

JOINT OWNER (1)	SOCIAL SECURITY NO. — —	DATE OF BIRTH — —	HOME PHONE ( )	OFFICE PHONE ( )
CURRENT HOME ADDRESS (CANNOT BE A POST OFFICE BOX) (STREET CITY STATE ZIP CODE)				
MAILING ADDRESS (COMPLETE ONLY IF DIFFERENT FROM ADDRESS ABOVE) (STREET CITY STATE ZIP CODE)				
JOINT OWNER (2)	SOCIAL SECURITY NO. — —	DATE OF BIRTH — —	HOME PHONE ( )	OFFICE PHONE ( )
CURRENT HOME ADDRESS (CANNOT BE A POST OFFICE BOX) (STREET CITY STATE ZIP CODE)				
MAILING ADDRESS (COMPLETE ONLY IF DIFFERENT FROM ADDRESS ABOVE) (STREET CITY STATE ZIP CODE)				

SURVIVORSHIP SELECTION APPLIES (CHECK ONE)

☐ JOINT ACCOUNTS **WITH** SURVIVORSHIP (On the death of an owner of the account, the deceased owner's shares in the account pass to the surviving owner of the account.)

☐ JOINT ACCOUNTS – **NO** SURVIVORSHIP (On the death of an owner of the account, the deceased owner's shares in the account pass as a part of the deceased owner's estate.)

SIGNATURE OF MINOR (OR IMMEDIATE ADULT FAMILY MEMBER) ☞

SIGNATURE OF JOINT OWNER (1) ☞

SIGNATURE OF JOINT OWNER (2) ☞

IF DESIRED, PLEASE DESIGNATE PAYEE FOR COMPLIMENTARY LIFE SAVINGS INSURANCE BELOW. **(Complete only if other than joint owners.)**

NAME OF PAYEE(S)

ADDRESS OF PAYEE (STREET CITY STATE ZIP CODE)

CUCARD REQUEST **(See NFCU 601A, CUCARD/PIN Disclosure Statement.)**

PLEASE SEND AN ATM CUCARD FOR: ☐ JOINT OWNER (1) ☐ JOINT OWNER (2) ☐ MINOR ☐ AUTHORIZED USER _____
NAME OF AUTHORIZED USER

Guidelines for Minor's Accounts:
By completing this application, a Membership/Share Savings Account will automatically be opened for a minor at any age; however, the minor must have a Social Security Number. A checking account may be opened for a minor 14 years of age or older. A joint owner (who is 18 or older) is required on both the share savings and checking accounts until the minor reaches the age of 18. The joint owner cannot have had a checking account closed due to abuse. Campus Checking Accounts convert to e-Checking Accounts on the member's 22nd birthday. When this occurs, the terms of the e-Checking Account ***will*** apply. ***You will be notified of this change; please see Navy Federal's current Schedule of Fees and Charges for important account information.*** A CUCARD for the minor may be issued at any time; however, the joint owner must make the request. A Visa *Check Card* can be issued for the minor if a checking account has been opened and the joint owner requests it. A Visa or MasterCard® credit card cannot be issued for the minor until 18 years of age. Access to *Navy Federal®Online* will be "view only" until the minor is 14 years of age. Immediate Adult Family member is defined as a person 18 years of age or older and includes parents/legal guardians, siblings, grandparents and all step, foster or adoptive relationships.

To help 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, including joint owners. *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.

My signature acknowledges that I am responsible for the proper maintenance of the Navy Federal® account(s)/service(s) selected above, and agree to abide by the properly disclosed terms and conditions. These terms and conditions will be disclosed in accordance with applicable state and federal laws, and are provided in the disclosure and agreement forms listed under the corresponding areas.

SIGNATURE OF JOINT OWNER ☞ | DATE (MO., DAY, YR.) — —

Under penalties of perjury, I certify that the Social Security Number I have listed above is my correct number and that I am not subject to backup withholding. I also certify that I am a U.S. person (includes a U.S. resident alien). The Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE OF MINOR (OR IMMEDIATE ADULT FAMILY MEMBER) (For Example, Joseph Smith, By John Smith, Father) ☞ | DATE (MO., DAY, YR.) — —

NFCU 97MI (6-06)

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FOR OFFICE USE ONLY	
SOB CODE	IDENTIFICATION ☐ DRIVER'S LICENSE ☐ MILITARY ID ☐ OTHER _____
EMP. NO.	NO. _____ ISSUE DATE _____ EXPIRATION DATE _____

AGREEMENT AND PAYEE DESIGNATION NOT VALID WITHOUT SIGNATURE OF MEMBER-OWNER; ALSO, BOTH JOINT OWNER DESIGNATION AND SIGNATURE AREAS MUST BE COMPLETED.