NAVY FEDERAL Credit Union

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Payable on Death (POD) and Deposit Trust Accounts

For account inquiries, purchases and servicing, call **1-888-842-6328**.

If overseas, call collect at **1-703-255-8837** or visit **navyfederal.org** for a list of international numbers.

For rates, online banking or online applications, or to find a branch near you, visit **navyfederal.org**.

Payable on Death (POD) and Deposit Trust Accounts are often used by our members to pass on their savings more easily to loved ones.

Let us handle your POD and Deposit Trust Account needs

Most of Navy Federal's savings and checking products can be designated as POD Accounts or Deposit Trust Accounts. These include:

- savings accounts
- checking accounts
- Money Market Savings Accounts (MMSAs)
- Jumbo MMSAs
- certificates

Please note:
Individual Retirement Arrangements (IRAs) cannot be designated as POD Accounts or Deposit Trust Accounts. IRAs are already considered Trust Accounts in their own right. They are regulated by specific federal guidelines and insured separately by the National Credit Union Administration (NCUA) for up to $250,000.

We have 2 options—which account is best for you?

The **POD Account** may fill your needs if you are looking for an account that allows you access but wish to have the proceeds in the account paid directly to your beneficiary(ies). No legal trust documents are required. The **Deposit Trust Account** will meet your needs if you are looking for an account that can hold funds designated by a legal trust. Legal trust documents are required.

POD Accounts

Individual POD Account
As the owner, only you have access to your funds during your lifetime. Upon your death, the remaining funds are disbursed to the named beneficiary(ies) on the account, generally without having to pass through probate.

Joint Owner With Survivorship POD Account
You and the joint owner can access the account at any time during your lifetimes. Upon your death, the funds in the account will be transferred to the joint owner for their use and discretion. Only upon the death of both you and the joint owner are funds disbursed to the designated beneficiary(ies), generally without going through probate.

Joint Owner Without Survivorship POD Account
You and the joint owner can access the account at any time during your lifetimes. Upon your death, the funds in the account will be disbursed to the designated beneficiary(ies), generally without going through probate.

No legal trust documents are required—you simply designate (a) beneficiary(ies) on new or existing accounts.

For more details and to establish a POD Account, please complete and submit the Payable on Death (POD) Designation (NFCU 250).

Deposit Trust Accounts

Navy Federal's Deposit Trust Accounts are depository accounts that can hold funds under a legal trust.

Legal trusts are set up outside of Navy Federal and generally require the service of an attorney. Trusts shelter assets during and after the grantor's lifetime. A legal trust is required prior to establishing a Deposit Trust Account.

A Deposit Trust Account is opened in the name of the trust with the grantor's* Social Security number (SSN) or Employer Identification Number (EIN); however, only the trustee(s) designated in the legal trust agreement can access the account(s). Funds will be managed by the trustee, co-trustee or trust administrator as outlined in the trust agreement during the lifetime and upon the death of the grantor. Generally, funds held in the trust will not pass through probate.

*Person who establishes legal trust

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Payable on Death (POD) and Deposit Trust Accounts

Please note:
If you would like a referral to an attorney for assistance in setting up or updating an existing Legal Trust, please contact Members Trust Company at 888-727-9191 or 571-418-7016.**

Federal insurance coverage

POD Accounts are insured separately from your other Navy Federal accounts. Each owner is insured for up to $250,000 per beneficiary.

Deposit Trust Accounts may qualify for separate insurance coverage from other Navy Federal accounts. Each grantor is insured for up to $250,000; additional coverage of $250,000 may apply per each named beneficiary under the trust arrangement.

Insurance coverage examples:

Individual POD Account

Account name: John Doe

Beneficiary: Granddaughter

Amount insurance coverage:
1 owner x 1 beneficiary = $250,000

Joint Owner POD Account

Account name: John Doe

Primary owner: John Doe

Joint owner: Susan Doe

Beneficiaries: Son and daughter

Amount insurance coverage:
2 owners x 2 beneficiaries = $1,000,000

Deposit Trust Account, Example #1

Account name: Doe Family Trust

Grantor: John Doe

Beneficiary: Jane Doe

Life estate interest beneficiary: None

Amount insurance coverage:
1 grantor x 1 beneficiary = $250,000

Deposit Trust Account, Example #2

Account name: Doe Family Trust

Grantors: Michael Doe and Susan Doe

Beneficiaries: Mary Doe and Jill Doe

Life estate interest beneficiary: David Doe

Amount insurance coverage:
2 grantors x 3 beneficiaries = $1,500,000

If you have any questions or need additional information, please call us toll-free in the US at 1-888-842-6328. For toll-free numbers when overseas, visit **navyfederal.org**. Use 1-703-255-8837 for collect international calls.

Navy Federal Credit Union is federally insured by NCUA. **Trust Services available through Members Trust Company, 14055 Riveredge Dr., Suite 525, Tampa, FL 33637. **Nondeposit investment products are not federally insured, are not obligations of the credit union, are not guaranteed by the credit union or any affiliated entity, involve investment risks, including the possible loss of principal, and may be offered by an employee who serves both functions of accepting member deposits and selling nondeposit investment products.** © 2026 Navy Federal NFCU 1215e (4-26)

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Payable on Death (POD) Designation

Use this application to establish, update, or remove a POD designation and/or beneficiary(ies) on a savings account, checking account, MMSA, or certificate. **For this request to be effective, all account holders are required to sign this form.**

To expedite your request, please return this completed form through one of the following methods:

1) Mobile or Online Banking: Attach form via eMessage
2) Fax to Navy Federal at 703-206-3724
3) Visit local branch
4) Mail form to PO Box 3002, Merrifield, VA 22116-9887

A. Primary Member Information

Name: First	MI	Last	Suffix	Access No. or Social Security No.

B. Joint Owner Information — *Joint Owner(s) must be the same Joint Owner(s) on all accounts being designated as POD on this form.*

Note: If your Joint Owner(s) is/are not listed on your account(s), the Add Joint Owner(s) ***(NFCU 97AJO)*** form must be completed.

Name: First	MI	Last	Suffix	Access No. or Social Security No.
Name: First	MI	Last	Suffix	Access No. or Social Security No.

C. Designate Accounts — *(Choose one.)* ***Do not list IRA accounts below.*** *A separate change of beneficiary form* ***(NFCU 584)*** *must be completed to effect a change of beneficiary(ies) for any IRA accounts.*

☐ All **existing and future accounts** established after this dated application, and the same primary beneficiary(ies) listed in section E, will be added to such account(s). This designation for future accounts will only apply to those accounts that are owned in the same manner as stated on this form.

☐ Specific existing accounts *(List complete account numbers.)*

_____

_____

D. Designate Beneficiary(ies) — *(Choose one.)*

☐ 1. **Assign beneficiary(ies)** – I/We confirm that the designated individual(s) or entity(ies) named in section E as primary beneficiary(ies) meet the definition of a beneficiary per 12 CFR 745.4(c) as a natural person or charitable organization and other non-profit entity recognized as such under the Internal Revenue Code of 1986, as amended. I/We understand that this election will revoke all previous primary beneficiary designations (if already established) while designating the accounts identified in section C as POD accounts.

☐ 2. **Remove all existing beneficiary(ies)** – If choosing this option, do not fill out sections E and H. I designate there will not be any beneficiary(ies) for the account(s) identified in section C. This will remove the POD designation entirely.

E. Primary Beneficiary Information — *(Joint Owners of accounts should* ***not*** *be added to this section.) If you wish to establish Contingent Beneficiary(ies), please complete section H on page 2. If more than five beneficiaries are needed, continue on a second copy of this page (section E) and attach.* ***See section I for additional information on beneficiaries.***

Name of Beneficiary(ies) and/or Other Non-Person Beneficiary *(Required)*	**Address** *(Required. Must be physical address, including ZIP code – Non-PO Box)*	**Date of Birth** *(MM/DD/YY)* *(Required)*	**Social Security No.** *(SSN)* *(Required)*	**Percentage** *(must equal 100%)*
				%
				%
				%
				%
				%

Please Note: Beneficiaries cannot be added without the full name, address, date of birth, and Social Security number. If these are not provided, we will be unable to process your request.

AND / OR

Legal Trust/Charity Name *(Required)*	**Address** *(Required. Must be physical address, including ZIP code – Non-PO Box)*	**ITIN or EIN** *(Required)*	**Percentage** *(must equal 100%)*
			%
			%

Please Note: Legal Trust/Charity cannot be added without the full name, address, and ITIN number. If these are not provided, we will be unable to process your request.

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F. Survivorship Designation — *(Choose one.) The survivorship designation on my POD account applies to all other POD accounts with the same Joint Owner, unless specifically designated otherwise for a particular account in writing. If no survivorship option is selected in section F, the account(s) will be designated as Joint Owner with Survivorship.*

☐ **Joint Account—With Survivorship** *(On the death of an owner, the deceased's ownership interest in the account passes to the surviving account owner.)*	☐ **Joint Account—No Survivorship** *(On the death of an owner, the ownership of the account funds passes to the beneficiary(ies) as designated, regardless of the survival of the Joint Owner.)*

G. Required Signatures

By signing, I/we acknowledge that I/we have read and agree to the information, disclosures, and agreements in Section I below. This form must be signed by all primary and joint owners(if applicable) to be effective.

Signature of Member *(Required)* ▶	Date *(MM/DD/YY)*
Signature of Joint Owner *(As applicable)* ▶	Date *(MM/DD/YY)*
Signature of Joint Owner *(As applicable)* ▶	Date *(MM/DD/YY)*

H. Contingent Beneficiary Information — *(Optional) See section I for additional information on beneficiaries.*

Name of Beneficiary(ies) and/or Other Non-Person Beneficiary *(Required)*	**Address** *(Required. Must be physical address, including ZIP code – Non-PO Box)*	**Date of Birth** *(MM/DD/YY) (Required)*	**Social Security No.** *(SSN) (Required)*	**Percentage** *(must equal 100%)*
				%
				%
				%
				%
				%

Please Note: Beneficiaries cannot be added without the full name, address, date of birth, and Social Security number. If these are not provided, we will be unable to process your request.

AND / OR

Legal Trust/Charity Name *(Required)*	**Address** *(Required. Must be physical address, including ZIP code – Non-PO Box)*	**ITIN or EIN** *(Required)*	**Percentage** *(must equal 100%)*
			%
			%

Please Note: Legal Trust/Charity cannot be added without the full name, address, and ITIN number. If these are not provided, we will be unable to process your request.

I. Survivorship Designation and Disclosure Agreement

I/We hereby request a Payable on Death (POD) designation for the beneficiary(ies) listed for the account(s) designated in this application, and I/we agree to the designations, beneficiary(ies), and survivorship designation on this form, and the terms of this Disclosure, as amended from time to time by Navy Federal Credit Union (Navy Federal) in its sole discretion.

It is understood and agreed that subject to the credit union's bylaws and applicable state and federal laws, rules, and regulations, all sums paid into the account(s) may be pledged to the credit union as security for a loan by me, the joint owner, or both, if applicable, and further that all account funds may be withdrawn in whole or in part by any account holder.

I acknowledge that membership at Navy Federal comes with certain ongoing responsibilities. By signing this document, my joint owner(s), if any, and I agree to abide by the terms and conditions of all accounts or services that I/we receive at Navy Federal. These terms and conditions are disclosed in accordance with applicable state and federal laws and are provided in the disclosure and agreement forms. If "Joint Account with Survivorship" is selected, then upon the death of either account holder, Navy Federal reserves the right to re-title the POD-designated account(s) to the surviving account holder, and the designations in this application will remain in effect, unless and until action is taken by the surviving account holder to change the designations or transfer the funds.

Upon the death of all the account holders, if the designation is "With Survivorship," or upon the death of the primary member if the designation is "No Survivorship," funds in the account(s) shall be made payable and distributed to the surviving primary beneficiary, or if more than one beneficiary, to the surviving primary beneficiaries equally (including any named Legal Trust) unless a percentage designation is indicated (Section E). If a designated primary beneficiary predeceases the member, then the deceased primary beneficiary's percentage share (including the proper termination or revocation of a legal trust) will be shared equally among any surviving primary beneficiaries. If a member's Legal Trust is a named primary beneficiary, then any contingent beneficiary(ies) named in Section H shall not receive proceeds unless the Legal

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Trust was properly terminated or revoked prior to the primary member's death. Distributions will be made to contingent beneficiary(ies) named in Section H, **only if** all primary beneficiary(ies) is/are deceased or, if applicable, a member's Legal Trust was properly terminated or revoked. Further, upon the death of a contingent beneficiary (including the proper termination or revocation of a legal trust), the deceased contingent beneficiary's percentage share will be shared equally among any surviving contingent beneficiaries.

I/We understand and agree that I/we am/are responsible for properly designating the respective percentage shares for the respective beneficiaries so that the total percentage equals 100%. If there is a discrepancy in the percentage shares and the total does not equal 100%, then I/we agree that the designation shall automatically be determined for the surviving beneficiaries to share the distribution equally.

I/We have read and agree to the terms and conditions of the Important Disclosure Booklet ***(NFCU 606)***. Property may be transferred to the appropriate state if there has been no activity within the time period specified by state law. I/We understand that Navy Federal reserves the right to enforce a statutory lien against any savings and dividends I/we have individually or jointly on deposit at Navy Federal if I/we fail to satisfy any financial obligation I/we have with Navy Federal. Navy Federal may enforce this right without prior notice.

I/We understand and agree that I/we must notify the credit union if any new account should not be included under this POD designation if I/we have requested that all existing and any future account(s) be included in the POD designation.

Upon the death of a Primary Beneficiary (prior to the death of the member), the deceased Primary Beneficiary's percentage share will be shared equally among any surviving Primary Beneficiaries.

Distributions will be made to Contingent Beneficiary(ies), only if all Primary Beneficiary(ies) is/are deceased. (Upon the death of a Contingent Beneficiary, the deceased Contingent Beneficiary's percentage share will be shared equally among any surviving Contingent Beneficiaries.) If a Legal Trust is named as Primary Beneficiary, Contingent Beneficiary(ies) shall not receive proceeds unless the Legal Trust was properly terminated or revoked prior to the Primary Member's death.

The beneficiary designation above shall not apply to any type of Individual Retirement Account (IRA) that I have now or in the future, including savings, money market savings, and certificate IRA accounts. I understand that a separate change of beneficiary form ***(NFCU 584)*** must be completed to effect a change of beneficiary(ies) for any IRA account.

Beneficiary(ies) may be changed at any time by submitting a new POD Designation form ***(NFCU 250)***, signed by all account holders, as applicable, to be effective.

I agree and understand that if I desire a voluntary closure or shutdown of my POD account(s), then my accounts will not have a POD designation or any beneficiary(ies), and that I must further complete and submit a new POD Designation form ***(NFCU 250)*** to establish a POD account with new designation, beneficiary(ies), and survivorship designation for any desired account(s).

I agree that if there is a security compromise of my POD account(s), then my POD account(s) may be closed and new POD account(s) will be established for administrative purposes. I agree and understand the new POD account(s) established by Navy Federal will have the same designations, beneficiary(ies), and survivorship designations as this current POD form. If any changes or additions to the newly established POD account(s) are desired, then a new POD Designation form ***(NFCU 250)*** must be completed, signed by all account holders (as applicable), and submitted to be effective.

The survivorship designation on this form shall supersede the designation on all accounts included with this form.

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account, including joint owners and authorized signers. *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. It may be necessary for Navy Federal to restrict account access or delay the approval of loans pending further verification.

Notice of Claim: Neither you nor Navy Federal may commence, join, or be joined to any judicial action (as either an individual litigant or the member of a class) that arises from the other party's actions pursuant to this Agreement or that alleges that the other party has breached any provision of, or any duty owed by reason of, this Agreement, until such party has notified the other party of such alleged breach and afforded the other party a reasonable period after the giving of such notice to take corrective action.

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Application for Deposit Trust Account

For Office Use Only
Trust Access No.

This application is used to reassign or establish accounts in the name of a Legal Trust. An Access Number will be created for the Legal Trust at the time the Deposit Trust Account is established. This application requires a Social Security number *(SSN/ITIN)* or an Employer Identification Number *(EIN)* and a copy of the Legal Trust pages that: (1) name the Legal Trust, (2) provide the signatures that established the Trust, and (3) provide the Trustee designations. **Generally, NCUA requires that all Grantor(s)/Trustor(s) OR all the trust beneficiaries be members of Navy Federal Credit Union.**

A. Account Title

Name of Legal Trust:		
Social Security No. *(SSN or ITIN)* or Employer Identification No. *(EIN)*	Grantor *(If different from Trustee)*	Grantor's Access No.
Navy Federal's Address: **Navy Federal Credit Union** **PO Box 3002, Merrifield, VA 22116-9887**		**Navy Federal's Phone Number:** 1-888-842-6328 **Deposit Trust Fax Number:** 703-206-3724

Please indicate the number of beneficiaries of the Legal Trust. ***(Required)****_____ *(Please include all Legal Trust beneficiaries, including life estate interest beneficiaries. The number is subject to change if Legal Trust is amended.)*

***This information is mandatory in order to provide you with the accurate amount of Share Insurance coverage.**

Note: In the event of the Grantor's death, the beneficiaries designated in the Legal Trust document shall be considered the actual beneficiaries.

Note: I/we confirm that the beneficiaries above for this trust agreement/application meet the definition of a beneficiary in 12 CFR 745.4(c), which is a natural person as well as a charitable organization and other non-profit entity recognized as such under the Internal Revenue Code of 1986, as amended.

B. Trustee Information

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss ☐ I do not wish to disclose.	Name: First	MI	Last	Suffix	Access No.
Rank	Pay Grade	☐ Navy ☐ Marine Corps ☐ Army ☐ Air Force ☐ Coast Guard ☐ Other			
Current Home Address: Street Cannot Be a Post Office Box	City	State	ZIP Code		Date of Birth *(MM/DD/YY)*
Mailing Address: Street If Different From Above Address	City	State	ZIP Code		Social Security No. *(ITIN)*
Driver's License or Government ID No./State	Issue Date *(MM/DD/YY)*	Exp. Date *(MM/DD/YY)*			Home Phone No.
Email Address		Office Phone No.			Cell or Other Contact No.

Additional information on reverse.

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C. Co-Trustee Information *(Include address only if different from Grantor's/Trustee's.)*

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss ☐ I do not wish to disclose.	Name: First	MI	Last	Suffix	Access No.
Rank	Pay Grade	☐ Navy ☐ Marine Corps ☐ Army ☐ Air Force ☐ Coast Guard ☐ Other			
Current Home Address: Street Cannot Be a Post Office Box	City	State	ZIP Code		Date of Birth *(MM/DD/YY)*
Mailing Address: Street If Different From Above Address	City	State	ZIP Code		Social Security No. *(ITIN)*
Driver's License or Government ID No./State	Issue Date *(MM/DD/YY)*	Exp. Date *(MM/DD/YY)*			Home Phone No.
Email Address		Office Phone No.			Cell or Other Contact No.

D. Trust Options *(A new Access Number will be established for the Legal Trust record separate from your current personal Access Number for the trust record.)*

Part I. Establish New Accounts for Trust

I would like to establish the following new account(s) under the Legal Trust:

☐ **Trust Savings**

(1) Required for a new or existing certificate account

☐ **Checking** *(Select one option.)**

- ☐ Free Active Duty Checking®
- ☐ Free Easy Checking
- ☐ Free EveryDay Checking
- ☐ Flagship Checking

*Visit **navyfederal.org** for checking account requirements, fees, and rates **or** call 1-888-842-6328.

☐ **MMSA**

Amount $ _____

Transfer From _____

☐ **Jumbo MMSA**

Amount $ _____

Transfer From _____

☐ **Certificates**

Minimum:

☐ $1,000 min. ☐ $20,000 min. ☐ $100,000 min.

Short Term:

☐ 3 months ☐ 12 months ☐ 18 months ☐ 24 months

Long Term:

☐ 3 years ☐ 5 years ☐ 7 years

Other Certificates:

☐ $50 EasyStart℠

Select Term: ☐ 12 months ☐ 18 months ☐ 24 months

☐ $50 **Special** EasyStart* 12 months

(limit 1 per member, $3,000 maximum contribution)

***See important Special EasyStart requirements and disclosures included in this packet.**

☐ Other _____

Amount $ _____

Transfer From _____

and/or

Part II. Reassign Existing Accounts

I would like to reassign the following existing account(s) under the Legal Trust. Please include all account numbers that should be reflected under the Legal Trust. **Navy Federal requires members to maintain a membership savings account under their personal Access Number. If I reassign my existing membership savings account under the Legal Trust's Access Number, this will require a new membership savings account to be opened under my personal Access Number, and Navy Federal will move the initial $5 hold from my original membership savings account to my new membership savings account.**

Savings Account _____ Certificate(s):

Checking Account _____ _____ _____ _____

MMSA _____ _____ _____ _____

Jumbo MMSA _____ _____ _____ _____

Please see next page for important disclosures and required signature(s).

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E. Disclosure Agreement

I/We hereby apply for a Deposit Trust Account at Navy Federal Credit Union in my/our name(s) as Trustee/Co-Trustee for the Legal Trust on reverse. With this application, I/we certify that the Grantor(s)/Trustor(s) OR all the trust beneficiaries are members of Navy Federal Credit Union.

I/We hereby affirm that the authority to establish a Deposit Trust Account has been granted pursuant to a legally binding Trust agreement as evidenced by the Declaration of Trust, which accompanies this application and agreement.

It is understood and agreed that subject to the provisions of the credit union's bylaws and applicable state and federal laws, rules, and regulations, all sums paid into the account may be pledged to the credit union as security for a loan or loans to Grantor(s) and/or by the Trustee/Co-Trustee, or withdrawn in whole or in part by any Trustee/Co-Trustee.

All parties to this account acknowledge that the rights of the surviving Trustee/Co-Trustee shall not be abridged and that all surviving Trustee(s)/Co-Trustee(s) shall retain full use and authority over the funds in the account.

The funds in the account will be administered by the Trustee, Co-Trustee(s), Successor Trustee, or administrator of the Trust as designated by the Legal Trust. I/We certify that all Trustee(s)/Co-Trustee(s) having access to this account have been properly listed in this application and that this application reflects the rights and responsibilities of all parties as stated in the Declaration of Trust.

I/We acknowledge that Navy Federal shall act in its capacity as a financial institution and assumes no responsibility for the action(s), including, but not limited to, the deposit or withdrawal of funds by the Trustee/Co-Trustee. All Trustee(s)/Co-Trustee(s), regardless of date of amendment and/or subsequent assignment, hereby agree with each other and Navy Federal that they shall discharge Navy Federal from any liability due to the actions of any Trustee/Co-Trustee in regard to this account.

I/We agree that the terms of the Legal Trust agreement will be binding and that I/we assume responsibility for notifying Navy Federal of any changes to the Trust agreement as it relates to this application.

I/We acknowledge that Navy Federal reserves the right to terminate this or any account that it deems to be maintained in an unsound manner. I/We have read and agree to the terms and conditions of the Important Disclosure Booklet (NFCU 606). Property may be transferred to the appropriate state if there has been no activity within the time period specified by state law.

I/We understand that Navy Federal reserves the right to enforce a statutory lien or contractual lien against any savings and dividends the Legal Trust has on deposit at Navy Federal if I/we fail to satisfy a financial obligation the Legal Trust has with Navy Federal. Navy Federal may enforce this right without prior notice.

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account, including Trustees, Co-Trustees, and authorized signers. *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. It may be necessary for Navy Federal to restrict account access pending further verification.

The Trustee/Co-Trustee hereby submits this application for the Navy Federal Online Banking service. I/We understand that this service will provide the Trustees access to all existing and future accounts held in the name of the Legal Trust.

Additionally, the Trustees will have the ability to enroll in or access Bill Pay service for the Legal Trust. I/We hereby accept responsibility for safeguarding the password(s) in order to prevent unauthorized access and transactions on the account. I/We agree that Navy Federal may revoke the Online Banking service if unauthorized access or transactions occur as the apparent result of negligence in safeguarding the password(s).

I/We acknowledge receipt of, and agree to, the Navy Federal Mobile Banking, Online Banking, and Bill Pay Disclosure (NFCU 652A) and all amendments mailed to the address shown on Navy Federal records.

Notice of Claim: Neither you nor Navy Federal may commence, join, or be joined to any judicial action (as either an individual litigant or the member of a class) that arises from the other party's actions pursuant to this Agreement or that alleges that the other party has breached any provision of, or any duty owed by reason of, this Agreement, until such party has notified the other party of such alleged breach and afforded the other party a reasonable period after the giving of such notice to take corrective action.

***Special EasyStart Certificates:** Limit one Special EasyStart Certificate per product type per member. Product types include Share, IRA (either Traditional, Roth or SEP), and ESA. The Special EasyStart Certificate has a $50 minimum balance and a $3,000 maximum contribution limit. Additional deposits are allowed at any time subject to the maximum contribution limit. Certificate owner(s) age 18 and older must have direct deposit* and a Navy Federal checking account within 90 days of the certificate issue date. If these requirements have not been satisfied by the 90th day, your Special EasyStart Certificate dividend rate will be adjusted to the prevailing dividend rate of the 12-month EasyStart Certificate for the remainder of the certificate's term.

At maturity, the Special EasyStart Certificate will automatically renew and any amount exceeding the $3,000 maximum contribution limit will be transferred to your Membership Savings Account unless instructed otherwise.

*You may qualify for direct deposit if you have (1) a recurring ACH from employer, military pay, or certain government agency pay or benefits in your name that is deposited into a Navy Federal deposit account where you are Primary or Secondary Owner; OR (2) Mobile deposits, ATM deposits, Branch deposits, payments from the FedNow® Payment network, the Real Time Payment network or third party services that facilitate payments to your debit card using the Navy Federal Credit Union Debit Card, totaling at least $500 and recurring for at least three out of four consecutive months that are deposited into Navy Federal deposit accounts where you are Primary Owner; OR (3) monthly Non-payroll ACH or payroll allotment totaling at least $500 and recurring for at least three out of four consecutive months that are deposited into Navy Federal deposit accounts where you are Primary Owner; OR (4) monthly Non-payroll ACH or payroll allotment totaling at least $500 and recurring for at least three out of four consecutive months that are deposited into Navy Federal deposit accounts where you are Secondary Owner.

F. Required Signatures and Tax Certification

By signing, I/we acknowledge that I/we have read and agree to the information/disclosure above.

Tax Certification *(This certification does not apply if I have checked the box below my signature.)*

Under penalty of perjury, I certify that (1) the SSN/ITIN provided is correct, (2) I am not subject to backup withholding, and (3) I am a US Citizen or US resident alien.

The FATCA code certification does not apply.

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 *(required)* ▶	Date *(MM/DD/YY)*

☐ By checking this box, I certify that I am a non-resident alien and I have completed a Form W-8BEN.

Signature of Co-Trustee *(if applicable)* ▶	Date *(MM/DD/YY)*

☐ By checking this box, I certify that I am a non-resident alien and I have completed a Form W-8BEN.

G. Signatures *(Required for owner(s) of existing accounts being reassigned.)*

Signature of Owner *(required)* ▶	Date *(MM/DD/YY)*

☐ By checking this box, I certify that I am a non-resident alien and I have completed a Form W-8BEN.

Signature of Joint Owner *(if applicable)* ▶	Date *(MM/DD/YY)*

☐ By checking this box, I certify that I am a non-resident alien and I have completed a Form W-8BEN.

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