Navy Federal®

Application for an Association Account

Clear

This form must be completed for all association account requests. Depending on the change, a letter from the Commanding Officer/President may be required. Box B identifies when a letter from the Commanding Office/President is required and must be submitted with this application.

A. Type of Association *(Select one below.)*

☐ **League or Club Activities**
These accounts are offered to leagues or clubs such as baseball leagues, bowling clubs, and Boy Scout/Girl Scout troops. All members of the league or club must be eligible for membership with Navy Federal.

☐ **Recreational**
These accounts are offered when funds are being raised for recreational activities such as sunshine funds or employee/staff funds. All participants who will benefit from the recreational account must be eligible for membership with Navy Federal.

☐ **Benefit Military Personnel**
These accounts are offered for the benefit of military personnel such as ward-room fund accounts, shipmates associations, or Army welcome wagon funds. All members of the military association must be eligible for membership with Navy Federal.

☐ **Memorial/Tragic Event Donations**
These accounts are offered to members who wish to establish accounts on behalf of others who are victims of tragic circumstances. These accounts are temporary and remain open for a specified limited time *(less than six months)*. The Social Security number *(SSN)* of the member who is an Authorized Signer may be used to open the account.

B. Purpose *(Select all that apply below.)*

Please indicate the purpose of your application:

☐ New Association Account *(Required document: Letter from Commanding Officer/President)*
☐ Change name of existing Association Account *(Required document: Letter from Commanding Officer/President)*
☐ Change signer(s) on an existing Association Account *(If all signers are changing, any prior signers are no longer valid.) (Required document: Letter from Commanding Officer/President)*

Note: The letter from Commanding Officer/President should include: Association name, Tax ID number, list of Authorized Signers, *(if applicable, any signers to remove)*.

☐ New Memorial Account ☐ Change name on existing Memorial Account ☐ Change signer(s) on existing Memorial Account

C. Source of Funding & Products *(If funded by government funds, the account will be designated as Public Unit. If not, then accounts will be private.)*

☐ **Public Unit:** These Association Accounts are established with **government or municipal funds** (*lawfully invested in a federal credit union)* and set aside for the benefit of military or government personnel.
☐ Public Unit Savings ☐ Public Unit Checking

☐ **Private:** These Association Accounts are established by and consist of private funds (*e.g., contributions from individuals*).
☐ Savings Account ☐ Checking Account
☐ Money Market Savings Account ☐ Association Checking or ☐ Flagship Checking
☐ MMSA ☐ Jumbo MMSA

D. Account Information *(Complete in its entirety if opening a new account. If account already exists, fill in Access No. and name of association only.)*

Name of Association *(Please print.)*				Association Access No. *(if any)*
Name of Organization or Person to Whom Tax ID Was Issued				Tax ID No. *(EIN or SSN/ITIN*)*
Current Home Address: Street Cannot Be a Post Office Box	City	State	ZIP Code	Phone No. 1
Mailing Address: Street If Different From Above Address	City	State	ZIP Code	Phone No. 2

*SSN or ITIN may only be used for a Memorial/Tragic Event Association Account. All other accounts require an EIN *(obtained through IRS)*.

E. Information on Signers *(Current members only need to fill in Access Number, select services, email address, and complete signature area on page 2.)*

Signer 1	Access No.:	Services: ☐ Navy Federal Debit Card ☐ Navy Federal Online Banking *(Mobile Banking and Bill Pay services are not available.)*	Email Address: *(Required for Navy Federal Online Banking)*

Name			Date of Birth *(MM/DD/YYYY)*	Social Security No.
Current Home Address: Street Cannot Be a Post Office Box	City	State	ZIP Code	Phone No.
Mailing Address: Street If Different From Above Address	City	State	ZIP Code	
Driver's License or Government ID No./State ID No. State		Issue Date *(MM/DD/YYYY)*		Exp. Date *(MM/DD/YYYY)*

For Office Use Only		
Document Used to Open New Association Account or Association Name Change.	☐ Letter from Commanding Officer/President of the Association	
Documents Used to Change Authorized Signers *(One of the following must be met.)*	☐ At least one Authorized Signer did not change (no documents needed) ☐ Commanding Officer Letter ☐ Letter from the President of the Association	
Employee No.	SOB Code	Access Number

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E. Information on Signers (Cont.) *(Current members only need to fill in Access Number, select services, email address, and complete signature area.)*

Signer 2	Access No.:	Services: ☐ Navy Federal Debit Card ☐ Navy Federal Online Banking *(Mobile Banking and Bill Pay services are not available.)*	Email Address: *(Required for Navy Federal Online Banking)*

Name	Date of Birth *(MM/DD/YYYY)*	Social Security No.

Current Home Address: Street Cannot Be a Post Office Box	City	State	ZIP Code	Phone No.

Mailing Address: Street If Different From Above Address	City	State	ZIP Code

Driver's License or Government ID No./State ID No. State	Issue Date *(MM/DD/YYYY)*	Exp. Date *(MM/DD/YYYY)*

Signer 3	Access No.:	Services: ☐ Navy Federal Debit Card ☐ Navy Federal Online Banking *(Mobile Banking and Bill Pay services are not available.)*	Email Address: *(Required for Navy Federal Online Banking)*

Name	Date of Birth *(MM/DD/YYYY)*	Social Security No.

Current Home Address: Street Cannot Be a Post Office Box	City	State	ZIP Code	Phone No.

Mailing Address: Street If Different From Above Address	City	State	ZIP Code

Driver's License or Government ID No./State ID No. State	Issue Date *(MM/DD/YYYY)*	Exp. Date *(MM/DD/YYYY)*

F. Disclosure and Agreement

Account Disclosures: I/We acknowledge that membership/account ownership at Navy Federal Credit Union comes with certain ongoing responsibilities. By signing this document and providing the appropriate signer information, I/we agree to abide by the terms and conditions in the Important Disclosures booklet and all other properly disclosed terms and conditions of all accounts and/or services that I/we may receive at Navy Federal. These terms and conditions will be disclosed in accordance with applicable federal and state laws. I/We understand that Navy Federal may restrict or suspend my/our services if I/we engage in conduct that is abusive to the credit union or its membership. I/we acknowledge that the association's property may be transferred to the appropriate state if there has been no activity on any of the association's accounts within the time period specified by state law.

Escheatment: I/We acknowledge that my/our property may be transferred to the appropriate state (i.e., "escheated") if there has been no activity on any of our association's accounts within the time period specified by state law.

Consumer Reports: By submitting an application, I/we authorize Navy Federal to obtain a consumer credit report to evaluate my/our creditworthiness so that I/we may be considered for other Navy Federal products and services. I/we also authorize Navy Federal to obtain consumer reports for purposes of evaluating this application and reviewing any Navy Federal accounts I/we/the association open(s). I/We understand these reports may be used in decisions to deny account applications, close accounts, and/or restrict accounts or services.

Online Banking: By checking "Navy Federal Online Banking," I/we understand that I/we are applying for trusted user access via Navy Federal Online Banking for the association account. I/We understand that this service will provide me/us access to all existing and future accounts held in the name of this association. I/We hereby accept responsibility for safeguarding and protecting my/our/the association's password(s) and other credentials and access device(s) used to access Navy Federal Online Banking, in order to prevent unauthorized access and transactions on the account. I/We further understand and agree that Navy Federal may revoke my/our Online Banking access if unauthorized access or transactions occur as the apparent result of my/our negligence in safeguarding my/our/the association's access credentials or access device(s). I/We acknowledge receipt of, have read, understand, and agree to the terms and conditions as set forth in the Mobile Banking, Online Banking, and Bill Pay Terms and Conditions.

Identification: Federal law requires all financial institutions to obtain, verify, and record information that identifies each association that opens an account, including 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.

G. Required Signatures and Tax Certification

By signing, I/we acknowledge that I/we have read and agree to the information in this document, including the Disclosure and Agreement.

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 EIN or SSN/ITIN provided is correct, (2) the entity (association/I/payee as applicable) is not subject to backup withholding, and (3) the entity is a U.S. person, U.S. citizen, or U.S. 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.

Signer (1) Signature ▶	Date *(MM/DD/YYYY)*

☐ By checking this box, I certify that I am not (or, if signing for a minor, the minor is not) a U.S. citizen or a green card holder and that I have completed form W-8BEN.

Signer (2) Signature ▶	Date *(MM/DD/YYYY)*

☐ By checking this box, I certify that I am not (or, if signing for a minor, the minor is not) a U.S. citizen or a green card holder and that I have completed form W-8BEN.

Signer (3) Signature ▶	Date *(MM/DD/YYYY)*

☐ By checking this box, I certify that I am not (or, if signing for a minor, the minor is not) a U.S. citizen or a green card holder and that I have completed form W-8BEN.

Submission Instructions:

Fax: Fax completed form and supporting documents to 703-206-4600, Attn: "Membership Administration". OR
Mail: Send completed form and photocopy of supporting documents to Attn: "Membership", P.O. Box 3002, Merrifield, VA 22116-9887. OR
Online: Sign in to Online Banking ▶ Click on ✉ to open Message Center ▶ Click on ✎ ▶ Click on "I have a question about," select "General" ▶ In the drop-down for "Reason," select "General Inquiry" ▶ In the "Message" Box, type in "Association Application" ▶ Upload completed application and supporting documents OR
Branch: Go to **navyfederal.org/branches-atms.html** to find your closest branch office.

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