

A. My Current Information					
Name: First	MI	Last	Suffix	Access Number	Social Security No. (SSN)

B. My New Information ¹ (Only complete information that is changing.)					
<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	Name: First	MI	Last	Suffix
<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss				
<input type="checkbox"/> Prefer not to say					
Current Home Address: Street		City	State	ZIP Code	
Cannot Be a Post Office Box					
Mailing Address: Street		City	State	ZIP Code	
If Different From Above Address					
Date of Birth (MM/DD/YYYY)	Social Security No. (SSN) or ITIN		Mobile Phone Number ²		Other Contact Number
Email Address					

¹Changing your name, date of birth, and/or SSN or ITIN requires additional documentation. Please see below for acceptable documents.

²By providing a mobile number, you're granting Navy Federal permission to place automated, prerecorded, or artificial-voice non-marketing calls and text messages to that number. Messaging and data rates from your carrier may apply. Message frequency may vary.

C. My Employment Information				
Employer's Name			Job Title/Rank	
Rate	<input type="checkbox"/> DoD Military	<input type="checkbox"/> Civilian DoD Employee	<input type="checkbox"/> Non-DoD Civilian Employee	Re-enlistment/EAOS Date (MM/DD/YYYY)
	<input type="checkbox"/> Retired, but Employed	<input type="checkbox"/> Fully Retired	<input type="checkbox"/> Not a Wage Earner	

Acceptable Documents		
Social Security Number Change (Please provide 1.) <ul style="list-style-type: none">Social Security CardOther Documentation With Full SSN From Social Security Administration Date of Birth Change (Please provide 1.) <ul style="list-style-type: none">Birth CertificateState- or Government-Issued Photo ID With Date of Birth	Full Name Change³ (Please provide 1 from each category.) Photo ID with new name: <ul style="list-style-type: none">State- or Government-Issued Photo ID Second document with new name: <ul style="list-style-type: none">Court Document³Social Security Card Proof of previous name: <ul style="list-style-type: none">Marriage LicenseDivorce DecreeCourt Document³	Last Name Only³ (Please provide 1 from each category.) Proof of previous last name: <ul style="list-style-type: none">Marriage LicenseDivorce DecreeCourt Document³ Proof of new last name: <ul style="list-style-type: none">State- or Government-Issued Photo ID

³An applicable Court Order may be used.

 Please see next page for Joint Owner information.

D. Joint Owner Information

A Joint Owner who wishes to be removed from an account will need to complete a Voluntary Removal of Joint Owner Request, **NFCU 596**. Current members only need to fill in the Access Number and accounts that he/she should be added to, and complete the signature area.

Add Joint Owner to the following accounts: *(Please list full account numbers below.)*

<input type="checkbox"/> All primary savings, checking, and MMSA accounts	<input type="checkbox"/> All NON-IRA Certificates or the following Certificates					
<input type="checkbox"/> Savings _____	<input type="checkbox"/> List Certificates: _____					
<input type="checkbox"/> Checking _____						
<input type="checkbox"/> MMSA/Jumbo MMSA _____	Issue Joint Owner: <input type="checkbox"/> Navy Federal Debit Card <i>(checking account required)</i>					
Joint Owner Access No.	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Prefer not to say	Name: First	MI	Last	Suffix	Date of Birth (MM/DD/YYYY)
Social Security No. (SSN) or ITIN	Current Home Address: Street		City	State	ZIP Code	
		Cannot Be a Post Office Box				
Mailing Address: Street		City	State	ZIP Code		
If Different From Above Address						
No. of Years at Residence	Driver's License, Government ID, or State ID		Issue Date (MM/DD/YYYY)		Exp. Date (MM/DD/YYYY)	
	ID No.	State				
<input type="checkbox"/> Enroll me in Navy Federal Online Banking	Email Address <i>(required for Online Banking)</i>		Mobile Phone No. ²		Other Contact No.	

²By providing a mobile number, you're granting Navy Federal permission to place automated, prerecorded, or artificial-voice non-marketing calls and text messages to that number. Messaging and data rates from your carrier may apply. Message frequency may vary.

E. Joint Owner Employment Information

Employer's Name		Job Title/Rank	
Rate	<input type="checkbox"/> DoD Military <input type="checkbox"/> Civilian DoD Employee <input type="checkbox"/> Non-DoD Civilian Employee	Re-enlistment/EAOS Date (MM/DD/YYYY)	
	<input type="checkbox"/> Retired, but Employed <input type="checkbox"/> Fully Retired <input type="checkbox"/> Not a Wage Earner		

The survivorship designation on your membership/savings account applies to all other joint accounts with the same joint owner, unless specifically designated otherwise for a particular account in writing. If a survivorship option has not been indicated here, your accounts will be designated as Joint With Survivorship. Updating your joint owner(s) may impact existing Payable on Death Beneficiary instructions you may have on the account(s) listed above.

<input type="checkbox"/> Joint Account-With Survivorship (On the death of an account owner, the deceased's shares pass to the surviving owner.)	<input type="checkbox"/> Joint Account-No Survivorship (On the death of an account owner, the deceased's shares pass to the estate.)
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Please see next page for important disclosures, required signatures, and submission instructions.

F. Disclosure Agreement and Survivorship Designation

Account Disclosures: I/We acknowledge that membership at Navy Federal comes with certain ongoing responsibilities. By signing this document, I/we acknowledge receipt of and agree to all terms and conditions in the Important Disclosure booklet and all other disclosed terms and conditions of all accounts and services that I/we may receive at Navy Federal. These terms and conditions will be disclosed in accordance with applicable state and federal laws. I/We understand that Navy Federal may restrict or suspend my/our access to products or services if I/we engage in conduct that is abusive to the credit union or its membership.

Consumer Reports: 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 the purposes of evaluating this membership application and reviewing any Navy Federal accounts I/we open. I/We understand these reports may be used in decisions to deny account applications, close accounts, and/or restrict accounts or services.

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 my/our accounts within the time period specified by state law.

Identification: 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 of your identity or documentation related to your eligibility.

Statutory Lien: I/We acknowledge and pledge to Navy Federal a statutory lien in my/our shares and dividends on deposit in all joint and individual accounts and any monies held by Navy Federal now and in the future, to the extent of any loan made and any charges payable. The statutory lien does not apply to shares in any Individual Retirement Account.

Security Interest: I/We acknowledge and pledge to Navy Federal a security interest in the collateral securing loan(s) that I/we have with Navy Federal now and in the future, including any type of change or increase, and any proceeds from the sale of such collateral and of insurance thereon, not to exceed the unpaid balance of the loan. This security interest in collateral securing loans does not apply to any loan(s) on my/our primary residence.

Contractual Lien: I/We authorize Navy Federal to transfer funds from any accounts in which I/we have an ownership interest to correct a negative or overdrawn amount on any account on which my/our name(s) appear(s). My/Our authorization applies to all funds I/we voluntarily deposit into Navy Federal accounts, including Social Security funds, as permitted by law.

G. 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 Applicant (<i>required</i>) ▶	Date (MM/DD/YYYY)
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☐ 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.

Signature of Joint Owner (<i>if applicable</i>) ▶	Date (MM/DD/YYYY)
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☐ 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.

Note: If you are the Attorney-in-Fact, a copy of the Power of Attorney (POA) is required. Please ensure that the POA specifically authorizes you to be added as a Joint Owner.

Submission Instructions

Fax: Fax completed form and supporting documents to 703-206-4600, ATTN: "Membership Administration."

Mail: Send completed form and photocopy of supporting documents to Navy Federal Credit Union, PO Box 3002, Merrifield, VA 22116-9887.

Online: Sign in to Online Banking ▶ Select "Messages" tab ▶ Select "Send us a message" tab ▶ Under "My Message is About," select "General" ▶ Under "Regarding," select "Add/Remove Joint Owner" ▶ Fill out subject as "Change of Information" ▶ Attach completed 97CI and any supporting documents according to "Acceptable Documents" (*on page 1*).

Branch: Go to navyfederal.org/branches-atms/index.php to find your closest branch office.

For Office Use Only		
Documents Used to Produce Name Change (Please indicate which documents were used.)	Specify document used as proof of maiden name (e.g., <i>Marriage License, Divorce Decree</i>)	SOB Code
Documents Accepted to Change Last Name Only (Must have 1 form of ID that shows new name.)	<input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Military ID <input type="checkbox"/> Court Document (specify): _____	Employee Number
Documents Accepted to Change Full Name (Must have 2 forms of ID that show new name.)	<input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Military ID <input type="checkbox"/> Court Document (specify): _____	Access Number