

Navy Federal® Change of Information/Add Joint Owner

For Office Use Only	
Access No.	
Savings No.	

A. My Current Information			
Name: First	MI	Last	Suffix
			Social Security No. (ITIN)
			- -

B. My New Information* (Only complete information that is changing.)			
Name: First	MI	Last	Suffix
Current Home Address: Street Cannot Be a Post Office Box	City	State	Zip Code
Mailing Address: Street If Different from Above Address	City	State	Zip Code
Date of Birth (MM/DD/YY) / /	Social Security No. (ITIN) - -	Home Phone No. - -	Cell or Other Contact No. - -
Email Address			

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

C. My New Employment Information			
Employer's Name	Job Title	Type of Business	No. of Years with Employer
Employer's Address: Street	City	State	Zip Code
		Office Phone No. - -	Other Source(s) of Income**
Rank	Rate	<input type="checkbox"/> DoD Military <input type="checkbox"/> Civilian DoD Employee <input type="checkbox"/> Non-DoD Civilian Employee <input type="checkbox"/> Retired, but Employed <input type="checkbox"/> Fully Retired <input type="checkbox"/> Not a Wage Earner	Re-enlistment/EAOS Date (MM/DD/YY) / /

**Stocks, Alimony, Pension, etc.

Acceptable Documents		
Social Security Number Change (Please provide one.) <ul style="list-style-type: none"> Social Security Card Other documentation with full SSN from Social Security Administration 	Full Name Change (Please provide one from each category.) <p>Photo ID with new name:</p> <ul style="list-style-type: none"> State or Government-issued photo ID <p>Second Document with new name:</p> <ul style="list-style-type: none"> Court Document Social Security Card <p>Proof of previous name:</p> <ul style="list-style-type: none"> Marriage License Divorce Decree Court Document 	Last Name Only (Please provide one from each category.) <p>Proof of previous last name:</p> <ul style="list-style-type: none"> Marriage License Divorce Decree Court Document <p>Proof of new last name:</p> <ul style="list-style-type: none"> State or Government-issued photo ID
Date of Birth Change (Please provide one.) <ul style="list-style-type: none"> Birth Certificate State or Government-issued photo ID with Date of Birth 		

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 into Account Access > Select "Messages" tab > Select "Send Us a Message" tab > Under "My Message is About," select "Message not account specific" > Under "Regarding," select "Other" > Fill out subject as "Change of Information" > Attach completed 97CI and any supporting documents according to "Acceptable Documents" (above). Branch: Go to navyfederal.org/branches-atms/index.php to find your closest branch office.

Please see reverse for Joint Owner information and signatures.

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., Marriage License, Divorce Decree)
Documents Accepted to Change Last Name Only (Must have one form of ID that shows new name)	<input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Court Document (specify): _____ <input type="checkbox"/> Social Security Card <input type="checkbox"/> Military ID _____
Documents Accepted to Change Full Name (Must have two forms of ID that show new name)	<input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Court Document (specify): _____ <input type="checkbox"/> Social Security Card <input type="checkbox"/> Military ID _____
SOB Code	Employee No.



D. Joint Owner Information

Complete this section to add a joint owner to an existing account. Current members only need to fill in Access Number and accounts that he/she should be added to, and complete the signature areas.

To remove a current joint owner from an account, you (the existing joint owner) will need to complete form NFCU 596.

Add Joint Owner (as of the date of this application) to:

Savings _____ All Certificates - Non IRA or
Checking _____ List Certificates: _____
MMSA/Jumbo MMSA _____

Issue Joint Owner: Visa® Check Card Navy Federal Online® Account Access

Access No.	Name: First	MI	Last	Suffix	Social Security No. (ITIN)	Date of Birth (MM/DD/YY)		
					- -	/ /		
Current Home Address: Street					City	State	Zip Code	No. of Years at Residence
Cannot Be a Post Office Box								
Driver's License or Government ID No. or State ID No.					Issue Date (MM/DD/YY)	Exp. Date (MM/DD/YY)		
ID No.					State	/ /	/ /	
Email Address					Home Phone No.	Cell or Other Contact No.		
					- -	- -		

E. Joint Owner Employment Information

Employer's Name	Job Title	Type of Business	No. of Years with Employer		
Employer's Address: Street	City	State	Zip Code	Office Phone No.	Other Source(s) of Income*
				- -	

*Stocks, Alimony, Pension, etc.

F. Disclosure Agreement and Survivorship Designation

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 authorize Navy Federal to obtain a consumer credit report to evaluate my/our creditworthiness.

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. Property may be transferred to the appropriate state if there has been no activity within the time period specified by state law.

Security Interest: 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.

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 other loans does not apply to any loan(s) on my/our primary residence.

- Joint Account—With Survivorship
(On the death of an account owner, the decedent's shares pass to the surviving owner.)
- Joint Account—No Survivorship
(On the death of an account owner, the decedent's shares pass to the estate.)

The survivorship designation on my 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.

G. Signatures are required for parts I and II.

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

I. Signature of Member (Required) ▶	Date (MM/DD/YY) / /
Signature of Joint Owner (If applicable) ▶	Date (MM/DD/YY) / /

Tax Certification

Under penalties of perjury, I certify that (1) the SSN/ITIN provided on this form is correct, (2) I am not subject to backup withholding, and (3) I am a U.S. citizen or U.S. resident alien unless I have checked the box below. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

II. Signature of Member (Required) ▶	Date (MM/DD/YY) / /
<input type="checkbox"/> 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) / /
<input type="checkbox"/> By checking this box, I certify that I am a non-resident alien and I have completed a Form W-8BEN.	

Note: If you are a POA, copy of POA is required.