

Account Number _____
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**For Existing Members — Use this Application to add/update owner(s) information and/or add account beneficiaries<sup>^</sup>.**  
 For Special Accounts such as Trusts, Estates, IRAs, Custodial Accounts, etc. please call us at **1-888-627-2328**.

**PRIMARY OWNER INFORMATION** Select All That Apply:  
 Add Owner(s)    Add Beneficiary(ies)    Name Change

Last Name		First Name & Middle Initial		Social Security Number	
Date of Birth		Driver's License Number/State/Exp Date		US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address (No PO Boxes)			City/State/Zip		
Mailing Address			City/State/Zip		
Home Phone		Work Phone		Mobile Phone	
				Email Address	
Mother's Maiden Name			Optional Security Password <i>(requested for phone inquiries)</i>		

**JOINT OWNER INFORMATION** Joint account with survivorship will apply except for Virginia residents who may choose:  
 Joint With Survivorship    Joint With No Survivorship

Last Name		First Name & Middle Initial		Social Security Number	
Date of Birth		Driver's License Number/State/Exp Date		US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address (No PO Boxes)			City/State/Zip		
Home Phone		Work Phone		Mobile Phone	
				Email Address	
Last Name		First Name & Middle Initial		Social Security Number	
Date of Birth		Driver's License Number/State/Exp Date		US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address (No PO Boxes)			City/State/Zip		
Home Phone		Work Phone		Mobile Phone	
				Email Address	

**PAYABLE UPON DEATH PAYEES**

Name	Date of Birth	Social Security Number	Relationship
Name	Date of Birth	Social Security Number	Relationship
Name	Date of Birth	Social Security Number	Relationship
Name	Date of Birth	Social Security Number	Relationship

**CERTIFICATION FOR TAXPAYER IDENTIFICATION NUMBER & MEMBERSHIP ACCOUNT AGREEMENT**

*Under penalty of perjury, I/we certify that:*  
 A. Membership/Account Agreement: I/we make application for membership in the NASA Federal Credit Union (NASA FCU) and certify that all information provided is true and correct. I/we provide written authorization to NASA FCU under the Fair Credit Reporting Act to obtain information from my/our personal credit profiles or other resources to verify my/our identity(ies) and/or creditworthiness. I/we agree to be bound by the most current Member Services Agreement and all other disclosures and agreements entered into which may change from time to time.  
 B. Certification of Taxpayer Identification Number. 1. The number shown on this form is my correct taxpayer identification number, and 2. I am not subject to backup withholding because: (a) I am exempt for backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. Citizen or U.S. Resident Alien. 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. **Certification Instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. By crossing out item 2, I/we certify that the language related to underreporting does not apply. If you are not a U.S. Citizen or Resident Alien, complete a W-8 BEN to certify foreign status.  
 Exempt payee code (if any) \_\_\_\_\_ Exemption from FATCA reporting code (if any) \_\_\_\_\_

**THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE CONSENT TO ANY PROVISIONS OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.**  
 Primary Owner Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

**Instructions to Return Your Completed Application**

- Complete Application. Please complete owner(s) information in entirety and add payable upon death beneficiaries (if applicable). Please make sure all owners sign Application.
- Include Identification (ID)\*. Valid Government Issued Identification (for each owner). Copies must be legible and include clear picture AND information. Ex. State Issued Driver's license/ID card, or Passport.
- You May Return Form and ID copy by:  
**Online Banking:** Log into Online Banking to send a secure message. In the top right, next to profile, click the message icon. Click "compose" then "attach files" option in the message center to attach a copy of the form and photo ID.  
**Mobile Banking App:** Log into the Mobile App to send a secure message. In the bottom right, click "more." Click message center, click "compose" then "attach files" option in the message center to attach a copy of the form and photo ID.  
**Mail:** NASA Federal Credit Union, P.O. Box 1588, Bowie, MD 20717-1588. Or, NASA Federal Credit Union, 500 Prince Georges Blvd, Upper Marlboro, MD 20774.

<sup>^</sup>Tax qualified (IRA/ROTH/HSA/SEP) beneficiaries require separate tax qualified beneficiary form(s). Specialty Accounts, ex. Trust, estate, custodial, etc. updates have separate Applications.  
 \*For applicant's with address/name not reflected on ID, supporting documentation is needed. Name Change- Ex. Marriage License or Court Document reflecting name change. Address Verification- Ex. utility bill, lease agreement, motor vehicle address change.  
 \*For applicant's under 18 (without government/state issued ID), please provide birth certificate and social security card.