

Estate Account Application & Agreement

To open an estate account: The deceased must have been a Navigant Credit Union member at the time of death (the estate executor / administrator does not have to be a member of Navigant Credit Union to open an estate account). If deceased was not a member at time of death, all estate account beneficiaries must be current Navigant Credit Union members. The administrator / executor must complete this form, provide the Certificate of Appointment, a copy of the death certificate of the decedent, and an IRS - issued tax identification number (TIN) for account opening.

A. Deceased Person's Information					
Member Number (If Member)	First Name	Middle	Last Name	Suffix	
Date of Birth (MM/DD/YYYY)	Social Security No.	Date of Death (MM/DD/YYYY)		Estate EIN (Required)	
B. Administrator / Executor Information					
Administrator's / Executor's First Name		Middle	Last Name	Suffix	Relationship to Deceased
Street Address	City	State	ZIP Code	Date of Birth	SSN / TIN
Email Address			Cell Phone		Work Phone
Government ID No., or State ID No. ID no. State			Issue Date (MM/DD/YYYY)		Expiration (MM/DD/YYYY)
Employer			Occupation		
Co-Administrator / Co-Executor Information (if applicable)					
Co-Administrator's / Co-Executor's First Name		Middle	Last Name	Suffix	Relationship to Deceased
Street Address	City	State	ZIP Code	Date of Birth	SSN / TIN
Email Address			Cell Phone		Work Phone
Driver's License, Government ID No., or State ID No. ID no. State			Issue Date (MM/DD/YYYY)		Expiration (MM/DD/YYYY)
Employer			Occupation		
C. Beneficiary Information (Section C is required to be completed if deceased was not a member at the time of death. All beneficiaries must be Navigant Credit Union members. Additional pages may be used.)					
Name of Beneficiary (1)		Date of Birth (MM/DD/YYYY)	SSN/TIN		
Street Address	City	State	ZIP Code	Primary Phone	
Name of Beneficiary (2)		Date of Birth (MM/DD/YYYY)	SSN/TIN		
Street Address	City	State	ZIP Code	Primary Phone	
Name of Beneficiary (3)		Date of Birth (MM/DD/YYYY)	SSN/TIN		
Street Address	City	State	ZIP Code	Primary Phone	
Name of Beneficiary (4)		Date of Birth (MM/DD/YYYY)	SSN/TIN		
Street Address	City	State	ZIP Code	Primary Phone	

*By providing a mobile phone number, you're granting Navigant Credit Union permission to place automated, prerecorded, or artificial-voice, non-marketing calls and text messages to that number. Messaging and data rates may apply. Message frequency may vary. The Privacy Policy and Terms and Conditions can be found at <https://navigantcu.org/disclosures/>.

D. Disclosure Agreement and Survivorship

I/We hereby apply for an estate account at Navigant Credit Union.

Navigant Credit Union is authorized to recognize the signatures below for the payment of funds or the transaction of any business for this account. As administrator (also referred to as executor, executrix, or personal representative) of this estate account, I/we agree with Navigant Credit Union that all funds on deposit now or in the future should be owned by the above decedent's estate, and will be subject to the withdrawal or receipt of the administrator, and payment to the administrator/co-administrator will be valid and discharge Navigant Credit Union from any liability for such payment.

In addition, any endorsement or signature by me/us as administrator/ co-administrator will be considered a valid signature. The rights or authority of Navigant Credit Union under this agreement cannot be changed or terminated by me/us, except by written notice to Navigant Credit Union, which shall not affect previously made transactions.

I/We hereby certify that I/we have been duly qualified and/or appointed by a court to settle the above decedent estate, including, but not limited to, the payment of taxes, debts, and distribution of assets and/or property belonging to the estate. By my/our signatures, I/we acknowledge that Navigant Credit Union assumes no responsibility for the administration of this estate account or the settlement of the above decedent's estate at any time. I/We understand that upon settlement of the decedent's estate, it is my/our responsibility to request closure of the estate account.

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account, including co-administrators. 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. Property may be transferred to the appropriate state if there has been no activity within the time period specified by state law.

E. Required Signatures and Tax Certification

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

Tax Certification: Under penalty of perjury, I/we certify that (1) the EIN provided is correct, (2) the estate is not subject to backup withholding, and (3) the estate is a US person. 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 Administrator / Executor	Date
Signature of Administrator / Executor	Date

Submission Options

Please submit application in-branch or by uploading to our Secure File Transfer form.

Locations

Secure File Transfer