



## Membership Closure Request - Loss of a Loved One

I \_\_\_\_\_ as the (please check the appropriate box below):

☐ Joint Owner

☐ Executor

☐ Beneficiary

☐ Trustee

☐ Administrator

☐ Other (please specify) \_\_\_\_\_

for \_\_\_\_\_, direct Northrop Grumman Federal Credit Union to close the following share(s)  
under member number(s): \_\_\_\_\_.

You are hereby directed to withdraw available funds in the following manner (please select below).

Close the following Account(s)

Transfer to the following Account(s)

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ Provide me with a check to EITHER be ☐ mailed to me OR ☐ picked up at the following branch. \_\_\_\_\_  
[this option must be selected for Joints, Administrators, Executors, Trustees, Beneficiaries, and Non-Member(s)]

Please provide the following information:

The Name(s) that should appear on the check: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

Mailing Address for the check: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

By signing this Letter of Closure, I attest that I am authorized to make the changes requested above and have full legal authority to do so. I further acknowledge that, if any account listed above for closure is a checking/share draft account, any overdraft protection currently on the account will terminate as of the date the account is closed. As a result, any items presented for payment may be returned and I may incur a cost. By accepting the payments as above I understand and agree to these terms and discharge Northrop Grumman Federal Credit Union from future liability associated with this/these account(s).

X \_\_\_\_\_  
SIGNATURE (REQUIRED) DATE

### OFFICE USE ONLY

OFAC Verification Completed ☐ Yes ☐ No

Completed By: \_\_\_\_\_

