

For Internal Use Only: Account Number

Teller ID

Date

PSECU Membership Application



800.237.7328 nationwide
717.234.8484 in Harrisburg
psecu.com

- Complete application with ball point pen. Do not use pencil or gel ink.
- Read the Internal Revenue Service W-9 Form on back and change if necessary.
- You must be at least 12 years of age to be an account owner or joint owner.

- For Non-U.S. Citizens, in addition to the ID documents, please provide copies of your documentation of citizenship status (entry documents received upon arrival in the US or other documentation of permanent status change), along with appropriate tax certification (Social Security card or W-8BEN).

Title (optional) Mr. Ms. Mrs. Dr. Rev.

Applicant's First Name, Middle Initial, Last Name, Suffix

Street Address

City State ZIP

If address is a Post Office Box, also list place of residence.

How long at this address? If less than 2 years, list previous address.

Membership Eligibility: (check one & fill in eligibility)
 Immediate Family Member (List name and relationship of member recommending you for membership)

State Employment (List name of employer and department, i.e. State-DPW)

Other, e.g. Alumni of IUP, employee of approved local government, such as Dauphin County, etc. (List)

Citizenship Status

Please select one box below:

- I certify that I am a U.S. citizen.
- I certify that I am a permanent resident alien.
- I am not a U.S. citizen or permanent resident alien.

Joint Owner(s)

All joint owners agree to be bound by the terms stated below in the Signature Section and the Joint Ownership Agreement included in the Agreements and Disclosures booklet, which will be provided.

Joint Owner #1 Citizenship Status

Please select one box below:

- I certify that I am a U.S. citizen.
- I certify that I am a permanent resident alien.
- I am not a U.S. citizen or permanent resident alien.

Joint Owner #1 - Name (print)

Relationship

Address of Joint Owner if different from owner

How long at this address? If less than 2 years, list previous address.

Phone Number if different from owner Home Cell Work

Joint Owner #1 - Social Security Number

Date of Birth

Driver's License # or Picture ID #

State

Expiration Date

If you do not have a driver's license, please submit 2 copies of ID, one reflecting current address.

Joint Owner #2 Citizenship Status

Please select one box below:

- I certify that I am a U.S. citizen.
- I certify that I am a permanent resident alien.
- I am not a U.S. citizen or permanent resident alien.

Joint Owner #2 - Name (print)

Relationship

Address of Joint Owner if different from owner

How long at this address? If less than 2 years, list previous address.

Phone Number if different from owner Home Cell Work

Joint Owner #2 - Social Security Number

Date of Birth

Driver's License # or Picture ID #

State

Expiration Date

If you do not have a driver's license, please submit 2 copies of ID, one reflecting current address.

Checking

Yes, I want checking services

Members and Joint Owners must be at least 12 years of age. Your checking will automatically overdraft into Regular Shares. The PSECU custom wallet-style checks you receive are free. Your name and those of joint owners will appear on checks unless you specify otherwise. The address shown on your application will be imprinted on your checks. Please allow two weeks to receive your checks. List the names of joint owners you do NOT want imprinted on checks:

List telephone number you want on checks

Online Account Access

Yes, I want psecu@home®

Yes, I want psecu@home with e-Statements (You must provide a current e-mail address to receive e-Statements)

By selecting e-Statements you agree to receive your statement electronically. You may revoke this service at anytime and return to receiving paper statements by contacting PSECU.

Enter your 7-10 digit password in the space provided at the bottom of this page.

Check Card

Yes, I want Check Card services (Check Card can be used for ATM services.)
 Yes, I want a second Check Card
List name printed on your second card

Members and joint owners must be at least 16 years of age. Your Check Card will automatically overdraft into Regular Shares. However, overdrafting will not apply at the time of purchase. Sufficient funds must be available in your Checking Shares for your purchase to be authorized. Overdrafting will apply at the time your purchase is presented to PSECU for payment. Please allow two weeks to receive your Check Card. Enter your PIN in the space provided at the bottom of this page.

Money Market

Yes, I want to open a Money Market. (No initial deposit required.)

Money Market Shares must have a daily balance of at least \$500 for dividends to be earned. You will receive additional agreement and disclosure materials specific to these products after we receive your application for services.

Signatures Please read material carefully. All applicants 12 years and over are required to sign the application.

I/We apply for membership in PSECU and agree to the conditions stated in the Agreements & Disclosures, the Bylaws, rules and regulations of PSECU which will be provided to me/us as required by law. I/We apply for and agree to the stated terms for each service requested on this application. From time to time, PSECU will announce additional services. My/Our use of these services will indicate including credit reports, concerning me/our or my/our affairs and all joint owners upon request of this credit union. I/We understand that I/we and any or all of my/our joint owners have the right to request in writing, the nature and scope of the credit union's investigation. Any negative balance created in this account shall bear interest at the highest unsecured loan rate offered by PSECU until paid in full. Repayment of this amount will be the personal obligation of all joint owners of any account owned by those individuals. I/We understand that it is a federal crime to willfully or negligently provide incomplete or incorrect information on requests made to State Chartered Credit Unions insured by the National Credit Union Administration. I/We understand that PSECU will rely on all the information in this membership application to ensure membership eligibility. I/We certify under penalty Title 18, United States Code, Section 1001, et seq. that the information on this application is true and correct.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid back-up withholding.

Joint Owner #1 Signature (please sign in ink)

Date

Applicant's Signature (please sign in ink)

Date

Joint Owner #2 Signature (please sign in ink)

Date

Membership application expenses - 1) One dollar is a non-refundable entrance fee and \$5 is the minimum required for your Regular Shares; 2) If you are sending more than \$6, please indicate how you wish your money distributed. If you are already a member and you are applying for another account, enclose a minimum of \$5. 3) The \$6 is waived for new accounts if you have a promotional code. Remember to enter it in the space below. If the member account is closed within the first year of membership, the initial \$5 share will be retained by PSECU. Send application and your check, if needed to PSECU, Attn: Application Processing Dept., PO Box 67009, Harrisburg, PA 17106-7009

\$ Regular Shares (\$1) \$ HS111

\$ Checking Shares (\$4) \$ Money Market Shares (\$7)

Promotional Code Referral Code

Complete your PINs - Select PINs that are not easily identified with you. Please do not use the following combination of numbers: 0000 through 8009, 9999, or the letters '0' or '7' as part of you PIN. Choose different PINs, write them in the spaces provided. PSECU does not keep your PINs on file. Record for your records. You will need your PSECU PIN when contacting us.

PSECU PIN: _____

psecu@home Password: _____

psecu@home password must be between 7 and 10 characters and may contain letters and numbers

Check Card/ATM PIN: _____

**W-9 FORM - INTERNAL REVENUE SERVICE
TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number, (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a failure to report all interest dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).

Instructions: 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. Cross out item (3) and complete the appropriate W-8 if you are not a U.S. person (a non-resident alien or a foreign entity not subject to backup withholding).

Any financial service provided by PSECU may be used for any transaction permitted by law. You agree that illegal use of any financial service will be deemed an action of default or breach of contract. Use of any financial service in a manner not permitted by law may cause that service or related services to be terminated at PSECU's discretion. You further agree, should illegal use occur, to waive any right to sue PSECU for such illegal use or any activity directly or indirectly related to it. Additionally, you agree to indemnify and hold PSECU harmless from any suits or other legal action or liability, directly or indirectly, resulting from such illegal use.

**U.S.A. Patriot Act
Identity Verification Notice**

Important information about procedures for opening a new account
To help our government fight the funding of terrorism and stop money-laundering activities, Federal law requires all financial institutions, including PSECU, to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, Taxpayer Identification Number (TIN) (usually your Social Security Number) and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying document(s). The law requires us to maintain records of the identification verification and periodically update this information.

Please be assured that the same strict confidentiality of your information maintained by **PSECU** will be continued as required under the **Gramm-Leach-Bliley Privacy Act** and **PSECU's Privacy Policy**.

This credit union is federally insured by the National Credit Union Administration. Equal Opportunity Lender