

PSECU Membership Application – Custodial Account

- 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.
- 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).



800.237.7328 nationwide
717.234.8484 in Harrisburg
psecu.com

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

Minor's Social Security # or Tax ID # _____ Minor's Date of Birth _____

Custodian's First Name, Middle Initial, Last Name, Suffix _____

Minor's First Name, Middle Initial, Last Name, Suffix _____

Custodian's Social Security # or Tax ID # _____

Custodian's Date of Birth _____

Minor's Eligibility: (check one & fill in eligibility)

Family Member (List name and relationship of the family member)

Custodian's Street Address _____

City _____ State _____ ZIP _____

Other (List)

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

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

Custodian's Home Phone Number _____

Custodian's Work Phone Number _____

Custodian's Cell Phone Number _____

Minor's Citizenship Status

Please select one box below:

- I certify that the minor is a U.S. citizen.
- I certify that the minor is a permanent resident alien.
- The minor is not a U.S. citizen or permanent resident alien.

Custodian's 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.

Custodian's E-mail Address _____

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.

Relationship to Minor _____

Designation of Successor Custodian

PSECU recommends that a Successor Custodian be designated. Complete this section to choose a person to oversee the account in the event of your death. Successor must be an adult member of the minor's family, a legal guardian, or a trust company.

In the event of my resignation, death or legal incapacity, I designate _____ as custodian, such appointment to take effect upon the occurrence of such event.
Date of Birth _____ Relationship to Minor _____

ATM Card

Yes, I want an ATM Card

Please allow two weeks to receive your ATM Card.

Enter your ATM PIN in the space provided at the bottom of this page.

Online Account Access

- Yes, I want psecu@home®
- Yes, I want psecu@home with 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.

Checking

Yes, I want checking services

The Custodian's address will be printed on your checks. You may change your imprint information or choose another check style when you reorder. The PSECU Custom wallet-style checks you receive are free. Please allow two weeks to receive your checks.

List telephone number you want on checks _____

You will receive additional agreement and disclosure materials specific to these products after we receive your application for services.

Signatures Please read material carefully.

I apply for membership in PSECU. I, as Custodian, agree to the conditions stated in the Agreements & Disclosures, the Bylaws, rules and regulations of PSECU which will be provided to me as required by law. I 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 use of these services will indicate my acceptance of the terms and conditions presented as they are announced. I authorize any person, association, firm, corporation, credit bureau or personnel office to furnish information, including credit reports, concerning me or my affairs upon request of this credit union. I understand that I have the right to request, in writing, the nature and scope of the credit union's investigation. I acknowledge receipt of this account in my name as Custodian for said Minor under the Pennsylvania Uniform Transfers to Minors Act and I understand and agree that I am bound thereby. Any negative balances created in the account shall bear interest at the highest unsecured loan rate offered by PSECU until paid in full. Repayment of this amount will be the obligation of the Custodian. I 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 understand that PSECU will rely on all the information in this application to ensure membership eligibility. I 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.

Custodian's 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 the minor is already a member and is 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 and the credit union paid the \$5 initial share deposit, it 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) \$ _____ Checking Shares (\$4)

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 0009, 9999, or the letters "Q" or "Z" 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: _____ Check Card\ATM PIN: _____

psecu@home Password: _____
psecu@home password must be between 7 and 10 characters and may contain letters and numbers.

**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 in 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 for 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 money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account at **PSECU**.

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**.