



AUTHORIZATION TO ADD A JOINT OWNER

Please mail to P.O. Box 67009, Harrisburg PA 17106-7009 or fax to 717.720.1234. For current rates and fees, visit psecu.com/rates and for Truth in Savings Account Disclosures, visit psecu.com/disclosures or call 800.237.7328.

MEMBER NAME _____

ACCOUNT NUMBER _____

ACCOUNT ADDRESS - REQUIRED FOR PROCESSING.

For security purposes, you must provide the address we have on record for you.

SOCIAL SECURITY # OR TAX ID # _____

DATE OF BIRTH _____

ADDRESS ON ACCOUNT _____



NEW ADDRESS BUT HAVE NOT NOTIFIED US OF THAT CHANGE?

Do not submit this form until you have contacted us with your new address. Call 800.237.7328 or update your address in online banking.

CITY _____

STATE _____

ZIP _____

ADD A JOINT OWNER

You must be at least 13 years of age to be a joint owner. All joint owners agree to be bound by the terms stated in the Signatures Section and the Joint Owner Agreement included in the Agreements and Disclosures booklet, which will be provided.

FIRST NAME, MIDDLE INITIAL, LAST NAME, SUFFIX _____

SOCIAL SECURITY # OR TAX ID # _____

(If you're under 18, please also provide a copy of your Social Security card.)

DATE OF BIRTH: ____/____/____

DRIVER'S LICENSE # OR GOVERNMENT-ISSUED ID # _____ *(If you do not have a driver's license or government-issued photo ID, please submit 2 copies of ID, one reflecting current address.)*

STATE _____ ISSUE DATE ____/____/____ EXPIRATION DATE ____/____/____

EMAIL ADDRESS _____

PHYSICAL ADDRESS _____

CITY, STATE, ZIP _____

START DATE AT THIS ADDRESS _____

If less than 2 years, list previous address

MAILING ADDRESS Same as physical address

START DATE AT THIS ADDRESS _____

If less than 2 years, list previous address

EMPLOYMENT STATUS: Employed Unemployed Retired Homemaker
 Student Minor Disabled

JOB TITLE & INDUSTRY _____

CHECKING

Please check one of the appropriate box(es) below:

- I do not have Checking service.
- I have Checking service and:
 - Add my joint owner's name.
 - Add my phone number.
 - I do not wish to reorder checks at this time.

The basic-style checks you receive are free. Please allow 2 weeks to receive your checks. Your name and address will appear on your checks.

CAN WE CONTACT YOU?

I consent to be contacted on behalf of PSECU via telephone, text message/SMS, automatic telephone dialing system, and artificial or prerecorded voice message at the numbers I have provided to PSECU in this application for the following: advertisements, telemarketing messages, payment reminders, and other communication. I am not required to provide this consent as a condition to receive services or other PSECU products and understand that I may at any later time revoke this consent.

By checking the box, I give my express written consent to be contacted per the terms outlined above.

JOINT OWNER:

I CONSENT

HOME PHONE NUMBER _____

WORK PHONE NUMBER _____

MOBILE PHONE NUMBER _____

Important Information Regarding Receiving SMS Messages from PSECU

TERMS AND CONDITIONS

Text message/SMS frequency will depend on your account activity. For more information, text 'HELP' to 64591 or call us at 800.237.7328. To cancel text messaging services at any time, text 'STOP' to 64591 or reply 'STOP' to any text message from your mobile device. Message and data rates may apply. Mobile carriers are not liable for delayed or undelivered messages.

HELP instructions: Text HELP to 64591 for help or call 1-800-237-7328
STOP instructions: Text STOP to 64591 to cancel

PLEASE SELECT ONE BOX BELOW:

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

PLEASE COMPLETE THE FOLLOWING ONLY IF NOT A U.S. CITIZEN:

(See page 2 for more information on Politically Exposed Persons.)

Are you a politically exposed person (PEP)? Yes No

Are you a close associate or family member of a PEP? Yes No

Do you also live in a foreign country? Yes No

JOINT OWNER BEING ADDED: I consent to allow PSECU to use my consumer reports for the additional purpose of marketing other products and services in the future.

I CONSENT I DO NOT CONSENT

DEBIT CARD

Debit card PIN remains the same. Please check one of the appropriate box(es) below:

- I do not have a debit card.
- I have a debit card and:
 - Issue a second card in my name.
 - Issue a second card in my joint owner's name.
 - I do not wish to receive a second card.

Please allow 2 weeks to receive your card(s).

PLEASE SEE REVERSE TO COMPLETE APPLICATION.

SIGNATURES

Members and ALL joint owners MUST sign.


Please read material carefully. All applicants 13 years and over are required to sign the application.

I/We apply for membership in PSECU and agree to the conditions stated on this application and in the Agreements and Disclosures and the ByLaws 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 my/our acceptance of the terms and conditions presented as they are announced. I/We authorize any person, association, firm, corporation, credit bureau or employer to furnish information, 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 of 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 backup withholding. Read the Internal Revenue Service W-9 Form below and complete, if applicable.


Any financial service provided by PSECU may be used for any transaction permitted by law. You agree that you will not use any service for any transaction that is illegal under applicable federal, state or local 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. PSECU reserves the right to decline any transaction that we consider fraudulent, suspicious, or illegal. PSECU will not knowingly authorize charges related to online gambling.

SET-OFF: Although also contained in the Agreements and Disclosures document which will be provided to me/us as required by law, the following is separately restated here for me/us to read and agree to by my/our signature below. I/We acknowledge that PSECU has an automatic statutory lien against all funds deposited with PSECU whether deposited into an account for me/one of us alone ("Individual Account") or into an account for me/one of us and another person or persons ("Joint Account"). I/We agree for myself/ourselves and with any other person whose name appears with mine/ours on the account records of PSECU that all funds deposited in my/our Individual or Joint Account are fully available to pay any negative balance in another deposit account or to pay any amount owing on any loan or other extension of credit, regardless of whether the account records of PSECU for such other deposit account or loan or other extension of credit account indicate such deposit account to be an Individual account for me/one of us alone or a Joint Account for me/one of us and other persons. Each depositor acknowledges that PSECU has the right to charge or set-off against any PSECU deposit account for any debt or other obligation owing by a depositor named on the PSECU account records, either individually or jointly, except where such PSECU deposit account is an Individual Retirement Account or is otherwise protected from set-off under state or federal laws. Each depositor agrees that when exercising this right to set-off PSECU may take all funds on deposit to repay the obligation of each, either, or all depositors identified on the PSECU account records.


All applications will be subject to identity and credit verification. In some instances, PSECU may use outside sources to confirm the information. Our privacy policy, as well as federal and state laws and regulations, protect the information you provide. For all applicants 18 years of age or older, PSECU is authorized to check credit history and verify information supplied in this application. By signing below, I consent to allow PSECU to obtain my consumer reports for the purpose of establishing PSECU membership and verifying my identity.

 _____
SIGNATURE OF MEMBER (Please sign in ink.)

_____ DATE

 _____
SIGNATURE OF CURRENT JOINT OWNER, IF APPLICABLE (Please sign in ink.)

_____ DATE

 _____
SIGNATURE OF JOINT OWNER BEING ADDED (Please sign in ink.)

_____ DATE

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

Under penalties of perjury, I certify that: (i) I am a U.S. citizen or resident, (ii) the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown on this form is my correct identification number and (iii) I am NOT, unless designated below, subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

I am subject to backup withholding.

If you are a foreign person (not a U.S. citizen or resident), please print, complete and return form W-8BEN to us with any required documents.

U.S.A. PATRIOT ACT IDENTITY VERIFICATION NOTICE

Important Information About Procedures for Opening a New PSECU 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.