



# BUSINESS ACCOUNT APPLICATION

- Individuals, partners, and owners of a business must currently have or open a personal membership account (other than as a joint owner) before opening a business account. (Visit [psecu.com](https://psecu.com) if you need to apply for individual membership.) **PSECU Business Accounts are available to businesses headquartered or registered to do business within the Commonwealth of Pennsylvania.**
- Send this completed application and the appropriate updated documentation related to your entity type listed on the “Required Documents Checklist” on reverse with a check or money order payable to PSECU for a minimum of \$5 (\$5 must be maintained in the Business Regular shares) to: **PSECU, Attention Business Services, P.O. Box 67013, Harrisburg, PA, 17106-7013.** If you enclose additional funds, please indicate below how you wish them to be distributed. Documents can also be faxed to **717.777.5417**, or sent via PDF to **BusinessServices@psecu.com**.

## BUSINESS IDENTIFICATION

BUSINESS NAME \_\_\_\_\_

FEDERAL TAX ID# (if a sole proprietorship, this may be your SSN) \_\_\_\_\_

ENTITY TYPE ☐ Sole Proprietor ☐ General Partnership ☐ Limited Partnership ☐ LLC ☐ Corporation DATE BUSINESS ESTABLISHED \_\_\_\_\_

BUSINESS STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS TELEPHONE NUMBER \_\_\_\_\_

BUSINESS EMAIL ADDRESS \_\_\_\_\_

BUSINESS WEBSITE (if applicable) \_\_\_\_\_

PURPOSE OF THE ACCOUNT (i.e. Operating Account, Petty Cash, Payroll Account, Concentration Account) \_\_\_\_\_

## SERVICES REQUESTED

☐ **BUSINESS SAVINGS (Regular Shares)** This account is required to maintain membership. \$5 must be maintained in the Business Regular shares. Additional funds enclosed \$ \_\_\_\_\_

☐ **BUSINESS MONEY MARKET** YES, I want a Business Money Market account. Additional funds enclosed \$ \_\_\_\_\_

☐ **BUSINESS CHECKING** YES, I want a Business Checking account. Additional funds enclosed \$ \_\_\_\_\_

☐ **BUSINESS DEBIT CARD** YES, I want a Business debit card(s). You may have up to four (4) total debit cards on your business checking account. Business debit cards are FREE.  
*Charges apply for replacement cards. See fee schedule for additional information.*

**NOTE:** If this (these) person(s) will be (an) authorized cardholder(s) and is (are) not the owner(s), I/we authorize him/her/them to use the card and I/we accept full responsibility for all charges and/or cash advances just as though I/we made them. If you designate (an) authorized cardholder(s) he/she/they may not order replacement cards or obtain account information. I/We will receive agreement and disclosure materials specific to this product after my/our application is processed.

**Please issue card(s) in the name(s) listed below. Debit card(s) will be shipped to the business mailing address listed above.**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ DEBIT CARD PIN \_\_\_\_\_

The Business Name will automatically appear on line 2 of your debit card.

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ DEBIT CARD PIN \_\_\_\_\_

The Business Name will automatically appear on line 2 of your debit card.

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ DEBIT CARD PIN \_\_\_\_\_

The Business Name will automatically appear on line 2 of your debit card.

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

## COMPLETE YOUR PINS

**DO NOT DETACH** Select PINs that are not easily identified with you, such as your Social Security number. Please do not use symbols, numbers between 0000 and 0009, repeating numbers (1111, 2222, etc.), or consecutive ascending or descending numbers (1234, 4321, for example). Please select different PINs and write them in the spaces below. Please note them for your reference. **PSECU does not keep your debit card PIN on file.** You will need your PSECU Member Account PIN when contacting us via telephone/mobile.

BUSINESS ACCOUNT PIN FOR TELEPHONE/MOBILE ACCESS:

BUSINESS DEBIT CARD PIN:

## REQUIRED DOCUMENTS CHECKLIST

The following documents are required to open your business account with PSECU Business Services.

**NOTE: WE WON'T BE ABLE TO OPEN YOUR ACCOUNT UNLESS ALL DOCUMENTS LISTED FOR YOUR ENTITY TYPE ARE INCLUDED WITH YOUR APPLICATION.**

The following documents are required for ANY entity type:

1. \$5 (\$5 must be maintained in the Business Regular Shares.): ☐ Check ☐ Money Order ☐ Internal Transfer - Member Account Number \_\_\_\_\_  
*Funds will be transferred from Regular Shares (\$1)*
2. Tax ID Assignment Verification from the IRS
3. Currently valid state or federally issued Photo I.D. for all Owners, Partners, Signers, and All Agents (i.e. driver's license, passport, etc). A photocopy is acceptable.

The following documents are required specific to your entity type. Please check off each item:

### SOLE PROPRIETORSHIP

- ☐ Affidavit of Sole Proprietorship - Complete this form to confirm your Sole Proprietorship status. Please have notarized.
- ☐ Sole Proprietor Resolution of Authority - Complete this form to designate who can act on your behalf.
- ☐ Fictitious Name Registration

### GENERAL PARTNERSHIP

- ☐ Partnership Resolution of Authority - Complete this form if you are a partnership to verify your partnership status and to list partners and to designate specific powers granted to some or all of the partners. Complete appropriately for general or limited partnerships. This document represents the terms and conditions in which the partnership operates. It is highly recommended that a formal partnership agreement be completed since this document will describe the rights and responsibilities of all partners as well as their share of any profits.
- ☐ Fictitious Name Registration
- ☐ Partnership Agreement

### LIMITED PARTNERSHIP

- ☐ Certificate of Limited Partnership - This document verifies the official filing of a Limited Partnership. This entity type may require a formal partnership agreement differentiating general partner(s) from limited partner(s).
- ☐ Partnership Resolution of Authority - Complete this form if you are a partnership to verify your partnership status and to list partners and to designate specific powers granted to some or all of the partners. Complete appropriately for general or limited partnerships. This document represents the terms and conditions in which the partnership operates. It is highly recommended that a formal partnership agreement be completed since this document will describe the rights and responsibilities of all partners as well as their share of any profits.
- ☐ Fictitious Name Registration
- ☐ Partnership Agreement

### LIMITED LIABILITY COMPANY

- ☐ Certificate of Organization - This document verifies the official filing of a Limited Liability Company. This entity type may require a formal agreement differentiating general member(s) from limited liability company member(s). Any PA LLC must file the certificate with the Pennsylvania Corporation Bureau to begin existence.
- ☐ Limited Liability Company Authorization Resolution - Complete if you are a Limited Liability Company (LLC) to verify your Limited Liability Company status and to designate who can act on behalf of the LLC and in what capacity.
- ☐ Operating Agreement

### CORPORATION

- ☐ Articles of Incorporation - This document is a primary legal document of a corporation that serves as the corporation's constitution. The contents are prescribed in the general incorporation statutes, and commonly include the corporation's name, period of existence, purpose and power, authorized number of shares, classes of stock, and other conditions of operation. After approving the articles, the state then issues a Certificate of Incorporation. The two documents then become the Charter of Incorporation.
- ☐ Corporation Authorization Resolution - Complete this form to verify your corporation status and to confirm that the corporation wishes to establish a depository relationship with PSECU. This form will also inform PSECU who can act on behalf of the Corporation and in what capacity. Please apply corporate seal where designated.
- ☐ Bylaws and/or Select Employee Group (SEG) approval letter (Non-profit entities only.)

## BUSINESS BACKGROUND/ACTIVITY INFORMATION

If at any time your business model changes and/or the answers to the following questions were to change, you must notify us immediately.

Describe your industry, the work performed and/or product(s) you sell:

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Is your business a Money Service Business (MSB) or do you provide MSB services? ☐ Yes ☐ No

Do you own or operate any ATMs? ☐ Yes ☐ No

If yes, how many? \_\_\_\_\_

Will you provide check cashing services for your customers (i.e. payroll checks, personal checks, etc.) ☐ Yes ☐ No

If yes, how much, in total, will you cash in any given day? \_\_\_\_\_

Are you registered with FinCEN? ☐ Yes ☐ No

(FinCEN is a law enforcement agency of the Treasury Department responsible for establishing and implementing policies to detect money laundering.)

If yes, please attach FinCEN Agreement to this application.

Will you sell money orders, stored value cards, or traveler's checks for customers? ☐ Yes ☐ No

Are you an agent for another MSB? ☐ Yes ☐ No

If yes, please attach Agent Agreement to this application.

Will you transmit money for your customers? (i.e. Western Union, MoneyGram, etc.) ☐ Yes ☐ No

## MARIJUANA-RELATED BUSINESS

Is this a marijuana-related business (MRBs)? ☐ Yes ☐ No

(MRBs are considered businesses that work directly with marijuana - producing, selling, distributing, etc. - or work with businesses who work with marijuana.)

**If yes, please answer the following questions. If no, skip to the next section.**

If yes, are you licensed by the state? ☐ Yes ☐ No

If yes, please attach copy of license.

If yes, what percentage of your revenue is derived from marijuana-related activity? ☐ 0-20% ☐ 21-40% ☐ 41-60% ☐ 61-80 ☐ 81-100%

If yes, what type of marijuana-related activity does your business engage in? \_\_\_\_\_

## HEMP

Is this a hemp-related business? ☐ Yes ☐ No

(Hemp-related businesses are considered businesses that work directly with hemp - producing, selling, distributing, etc. - or work with businesses who work with hemp.)

**If yes, please answer the following questions. If no, skip to the next section.**

If yes, are you licensed by the state? ☐ Yes ☐ No

If yes, please attach copy of license.

If yes, what percentage of your revenue is derived from hemp-related products? ☐ 0-20% ☐ 21-40% ☐ 41-60% ☐ 61-80 ☐ 81-100%

If yes, what type of business do you operate? \_\_\_\_\_

## CBD

Is this a CBD-related business? ☐ Yes ☐ No

(CBD-related businesses are considered businesses that work directly with CBD - producing, selling, distributing, etc. - or work with businesses who work with CBD.)

**If yes, please answer the following questions. If no, skip to the next section.**

Is any of the CBD marijuana-derived? ☐ Yes ☐ No

If yes, what percentage of your revenue is derived from CBD-related products? ☐ 0-20% ☐ 21-40% ☐ 41-60% ☐ 61-80 ☐ 81-100%

If yes, what type of business do you operate? \_\_\_\_\_

## NGOS/CHARITIES

Do you depend, in whole or in part, on charitable donations and voluntary service for support? ☐ Yes ☐ No

**If yes, please answer the following questions. If no, skip to the next section.**

If yes, do you have donors or volunteers from non-US countries? (If yes, please explain.) \_\_\_\_\_

Will you provide charitable services to benefit individuals in foreign countries? ☐ Yes ☐ No

**If yes, please answer the following questions. If no, skip to the next section.**

If yes, in what countries do you provide charitable services? \_\_\_\_\_

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## PERSONAL INFORMATION AND SIGNATURES

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### PLEASE SEE REVERSE FOR ADDITIONAL IMPORTANT INFORMATION.

I/We apply for a Business Account(s) with Pennsylvania State Employees Credit Union (PSECU) and agree to the conditions stated on this application and in the Terms and Conditions of Your Business Account 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 understand that PSECU will rely on all the information in this membership application to ensure membership eligibility. 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 certify under penalty Title 18, United States Code, Section 1001, et seq. that the information on this application is true and correct.

Any financial service provided by PSECU may be used for any transaction permitted by law. I/We agree that I/we will not use any service for any transaction that is illegal under applicable federal, state, or local law. I/We 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. I/We 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, I/we 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 unlawful online gambling. The Business Owners/Signers certify on behalf of the Business that it does not engage in an unlawful online gambling business.

All applications will be subject to identity and credit verification. In some instances, PSECU may use credit bureau inquiries and other outside sources to confirm the information. Our privacy policy, as well as federal and state laws and regulations, protect the information you provide. By signing below, I provide my consent for PSECU to pull consumer and credit information to determine my qualification for membership and the products and services I have applied for and to determine whether I qualify for other products and services, including but not limited to loan pre-approvals, PSECU may offer to me. 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.

NAME (print) \_\_\_\_\_ BUSINESS TITLE \_\_\_\_\_

I certify that I am a ☐ U.S. Citizen ☐ Permanent Resident Alien ☐ Non-Permanent Resident

PHYSICAL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ Same as Physical Address

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_\_) \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ ISSUE DATE \_\_\_\_\_

PSECU PERSONAL MEMBERSHIP # \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME (print) \_\_\_\_\_ BUSINESS TITLE \_\_\_\_\_

I certify that I am a ☐ U.S. Citizen ☐ Permanent Resident Alien ☐ Non-Permanent Resident

PHYSICAL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ Same as Physical Address

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_\_) \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ ISSUE DATE \_\_\_\_\_

PSECU PERSONAL MEMBERSHIP # \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME (print) \_\_\_\_\_ BUSINESS TITLE \_\_\_\_\_

I certify that I am a ☐ U.S. Citizen ☐ Permanent Resident Alien ☐ Non-Permanent Resident

PHYSICAL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ Same as Physical Address

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_\_) \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ ISSUE DATE \_\_\_\_\_

PSECU PERSONAL MEMBERSHIP # \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_ EMAIL \_\_\_\_\_

### READ THE W-9 INFORMATION AND PATRIOT ACT NOTICE.

Follow all instructions that apply.

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

##### Primary Applicant Only

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.

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## GENERAL INSTRUCTIONS: BENEFICIAL OWNERSHIP CERTIFICATION

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### WHAT IS THIS FORM?

To help the government fight financial crime, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

### WHO HAS TO COMPLETE THIS FORM?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

### WHAT INFORMATION DO I HAVE TO PROVIDE?

This form requires you to provide the name, address, date of birth, and Social Security number (or passport number or other similar information, in the case of non-U.S. persons) for the following individuals (i.e., the **beneficial owners**):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of “beneficial owner” may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30 percent equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

The financial institution may also ask to see a copy of a driver’s license or other identifying document for each beneficial owner listed on this form.

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## CERTIFICATION OF BENEFICIAL OWNER(S)

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Persons opening an account on behalf of a legal entity must provide the following information:

a. Name and Title of Natural Person Opening Account:

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b. Name, Title, and Address of Legal Entity for Which the Account is Being Opened:

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c. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

NAME	DATE OF BIRTH	ADDRESS (RESIDENTIAL OR BUSINESS STREET ADDRESS)	<b>FOR U.S. PERSONS:</b> SOCIAL SECURITY NUMBER	<b>FOR NON-U.S. PERSONS:</b> SOCIAL SECURITY NUMBER, PASSPORT NUMBER & COUNTRY OF ISSUANCE, OR OTHER SIMILAR IDENTIFICATION NUMBER <sup>1</sup>

(If no individual meets this definition, please write "Not Applicable.")

d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions. (If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

NAME/TITLE	DATE OF BIRTH	ADDRESS (RESIDENTIAL OR BUSINESS STREET ADDRESS)	<b>FOR U.S. PERSONS:</b> SOCIAL SECURITY NUMBER	<b>FOR NON-U.S. PERSONS:</b> SOCIAL SECURITY NUMBER, PASSPORT NUMBER & COUNTRY OF ISSUANCE, OR OTHER SIMILAR IDENTIFICATION NUMBER <sup>1</sup>

I, \_\_\_\_\_ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Entity Identifier: \_\_\_\_\_ (Optional)

<sup>1</sup> In lieu of a passport number, non-U.S. persons may also provide a Social Security number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.