



TENTATIVE TRUST MEMBERSHIP APPLICATION

Complete application with ball point pen. 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 U.S. or other documentation of permanent status change), along with appropriate tax certification (Social Security card and/or W-8BEN). **The Tentative Trust is revocable and the Trustee can make changes on the account at anytime. Beneficiaries can be designated on the account to be paid upon the Trustee's death.** For current rates, visit psecu.com/rates. For fee schedule and Truth in Savings Account Disclosures, visit psecu.com/disclosures. You can also request them by calling us at 800.237.7328.

APPLICANT ELIGIBILITY

Check one & fill in eligibility.

I AM A CURRENT PSECU MEMBER.

- Open a new Tentative Trust account
- Change existing account to Tentative Trust Account # _____

I AM RELATED TO OR RESIDE IN THE SAME HOUSEHOLD AS A PSECU MEMBER.

PSECU Member's Name: _____
 Relationship: Parent/Grandparent Child/Grandchild Spouse Sibling
 Reside in same household
 Is this a PSECU employee? Yes No

IN PA, I WORK FOR the Commonwealth a Local Government

Municipality or School District
 Please note your department, office or school district (example: State - DPW) _____

I AM a Student Faculty/Staff Alumni of the following College/University: _____

I AM ELIGIBLE TO CONTRIBUTE OR RECEIVE RETIREMENT BENEFITS FROM:

- State Employees' Retirement System or
- Public School Employees' Retirement System

MY EMPLOYER OR ASSOCIATION OFFERS PSECU MEMBERSHIP AS A BENEFIT.

Name of Employer/Association _____

PROMOTIONAL CODE _____

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 Signature Section and the Joint Owner Agreement included in the Agreements and Disclosures booklet, which will be provided.

RELATIONSHIP TO APPLICANT (OWNER) Adult Family Member Child/Step Child
 Grandchild Grandparent Parent/Step Parent Sibling Spouse
 Same Household Not Applicable

APPLICANT INFORMATION

You must be at least 13 years of age to be an account owner.

FIRST NAME, MIDDLE INITIAL, LAST NAME, SUFFIX _____

SOCIAL SECURITY # OR TAX ID # _____

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 _____

HOME PHONE NUMBER _____

WORK PHONE NUMBER _____

MOBILE PHONE NUMBER _____

EMAIL ADDRESS _____

PHYSICAL ADDRESS _____

CITY, STATE, ZIP _____

IF LESS THAN 2 YEARS, LIST PREVIOUS ADDRESS _____

MAILING ADDRESS Same as physical address

CITY, STATE, ZIP _____

START DATE AT THIS ADDRESS _____

EMPLOYMENT STATUS: Employed Unemployed Retired Homemaker
 Student Minor Disabled

JOB TITLE & INDUSTRY _____

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

FIRST NAME, MIDDLE INITIAL, LAST NAME, SUFFIX _____

SOCIAL SECURITY # OR TAX ID # _____

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.)

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 Student Minor Disabled

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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

BENEFICIARIES

NAME OF BENEFICIARY _____

SOCIAL SECURITY NUMBER _____

RELATIONSHIP TO PRIMARY APPLICANT _____

DATE OF BIRTH: ____/____/____

NAME OF BENEFICIARY _____

SOCIAL SECURITY NUMBER _____

RELATIONSHIP TO PRIMARY APPLICANT _____

DATE OF BIRTH: ____/____/____

SEE REVERSE TO COMPLETE APPLICATION.

CHECKING WITH DEBIT CARD

YES, I want checking with a debit card

- Would you like paper checks? Yes No
- Add my home phone number to the checks.
- Add my joint owner's name to the checks. (Add joint owner on page 1.)

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

Enter your debit card PIN in the space provided on this application.

One debit card will be issued in each owner's name (maximum of 2 cards). Please allow two weeks to receive your debit card(s).

OVERDRAFT PROTECTION TRANSFER SERVICE

This service will pull money from another share or loan account in the event your checking account does not have sufficient available funds to pay incoming transactions (except for debit card purchases or ATM withdrawals). The default setting will transfer funds from your Regular shares. There are no fees for this service. If you would like to opt out of this service, select "I do not want Overdraft Protection Transfer Service." Opting out of this service may result in Courtesy Pay (overdraft) fees being incurred or transactions being returned unpaid for insufficient funds (NSF).

Please check one:

- I want Overdraft Protection Transfer Service
- I do not want Overdraft Protection Transfer Service

YOU WILL RECEIVE ADDITIONAL AGREEMENT AND DISCLOSURE MATERIALS SPECIFIC TO THE PRODUCTS YOU REQUEST.

MAKE YOUR FIRST DEPOSIT

1) Members must maintain a \$5 share in the Regular share; 2) The \$5 is waived for new accounts if you have a promotional code or are eligible through a college/university. Remember to enter it in the eligibility section above. 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., P.O. Box 67009, Harrisburg, PA 17106-7009.

\$ _____ REGULAR SHARE

CHOOSE YOUR PIN

DO NOT DETACH Select a PIN number for your debit card that is 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). If a debit card PIN is not selected, it will be randomly generated. For your reference, please make note of your PIN. PSECU does not keep your debit card PIN on file.

DEBIT CARD PIN:

SIGNATURES PLEASE READ MATERIAL CAREFULLY. ALL APPLICANTS ARE REQUIRED TO SIGN THE APPLICATION.

I/We apply for membership in Pennsylvania State Employees Credit Union (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 unlawful internet 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.

APPLICANT'S NAME (Please print.)

APPLICANT'S SIGNATURE (Please sign in ink.)

_____/_____/_____
DATE

JOINT OWNER'S NAME (Please print.)

JOINT OWNER'S SIGNATURE (Please sign in ink.)

_____/_____/_____
DATE

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.

Politically Exposed Person

The expression "politically exposed person" ("PEP") applies to persons, their families, and close associates who perform important public functions for a foreign country, which would include a Senior Foreign Political Figure.

Examples of "Politically Exposed Persons"

Heads of state (foreign countries), cabinet ministers, political party leaders, influential executives in nationalized industries or under government administration, senior judicial or military officials, and members of ruling families, among others.

Mail or fax completed application to:

P.O. BOX 67009, HARRISBURG, PA 17106-7009 • FAX 717.720.1234