

SIGNATURES PLEASE READ MATERIAL CAREFULLY.

I hereby apply on behalf of a decedent estate for membership in Pennsylvania State Employees Credit Union (PSECU). I, as Executor/Administrator, agree to the conditions stated in the Agreements & Disclosures and 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 Executor/Administrator for said Decedent and I understand and agree to be bound thereby. 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 obligation of the Estate. 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 membership 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. **I certify that I have been duly qualified and/or appointed by a court to settle the above Decedent's Estate. By my signature I acknowledge that PSECU assumes no responsibility for the administration of this estate account or the settlement of the above Decadent's Estate at any time. I understand that upon settlement of the Decedent's Estate, it is my responsibility to request closure of the estate account. 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.**

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. 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.

EXECUTOR'S/ADMINISTRATOR'S NAME *(Please print.)* EXECUTOR'S/ADMINISTRATOR'S SIGNATURE *(Please sign in ink.)* DATE

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

Under penalties of perjury, I certify that: (i) the estate is a US estate, (ii) the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown on the form is the correct identification number and (iii) the estate is 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.

The Estate is 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