

AUTHORIZATION TO ADD A JOINT OWNER

Please mail to P.O. Box 67009, Harrisburg PA 17106-7009, fax to 717.720.1234, or email to applicationp@psecu.com. 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 _____

STOP 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 18 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.

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.

FIRST NAME, MIDDLE INITIAL, LAST NAME, SUFFIX _____

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

SOCIAL SECURITY # OR TAX ID # _____

JOINT OWNER: _____ I CONSENT

DATE OF BIRTH: ____/____/____

HOME PHONE NUMBER _____

DRIVER'S LICENSE # OR STATE ID # *If you do not have a driver's license or state ID, please submit 2 copies of ID, one reflecting your current address.*

WORK PHONE NUMBER _____

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

MOBILE PHONE NUMBER _____

EMAIL ADDRESS _____

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.

PHYSICAL ADDRESS _____

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

STOP instructions: Text STOP to 64591 to cancel

CITY, STATE, ZIP _____

MAILING ADDRESS Same as physical address

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.

EMPLOYMENT STATUS: Employed Unemployed Retired Homemaker
 Student Minor Disabled

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

JOB TITLE & INDUSTRY _____

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

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.

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 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.

