## **PSECU**\*\*

## **ACCOUNT INFORMATION UPDATE**

Please complete this form to update the information of the **Joint Owner/Co-Borrower/Custodian/Beneficiary/POA** on the account. Please note that we may request additional documentation.

Please mail to P.O. Box 67013, Harrisburg PA 17106-7013 or fax to 717.720.1234.

MEMBER INF	ORMATION					
MEMBER NAME						
ACCOUNT NUMBER _						
INFORMATIO	N OF THE JOIN	Γ OWNER/CC	)-BORROWER/	CUSTODI	AN/BENEFICIARY/POA	
Please select one:						
☐ JOINT OWNER	□ CO-BORROWER	□ CUSTODIAN	☐ BENEFICIARY	□ POA	□ OTHER	
NAME						
SOCIAL SECURITY # OR	TAX ID #					
DATE OF BIRTH						
PHYSICAL ADDRESS						
HOME PHONE NUMBER						
SIGNATURES	<u> </u>					
policy, as well as fee		regulations, prote	ct the information yo		ces to confirm the information. Ou signing below, I consent to allow I	
SIGNATURE OF MEMBER	(Please sign in ink.)			DATE		
SIGNATURE OF JOINT O	WNER/CO-BORROWER/CUST	FODIAN/BENEFICARY/F	POA (Please sign in ink.)	DATE		

[ACCOUNT INDEX]