



AUTHORIZATION TO CLOSE DECEDENT ACCOUNT

Once this form is processed, the account will be closed. Any items presented for deposit or payment will be returned as unpaid/account closed. Complete this form and provide a copy of your driver's license or state/government-issued photo ID by mail or email. You can mail these items to **PSECU, P.O. Box 67013, Harrisburg, PA 17106, Attn: Decedent Department**, or email **decedent@psecu.com**.

DECEDENT MEMBER'S SSN OR ACCOUNT NUMBER OF ACCOUNT TO BE CLOSED

DECEDENT MEMBER NAME

AUTHORIZED PARTY NAME
__JOINT OWNER __EXECUTOR __ADMINISTRATOR __CUSTODIAN __BENEFICIARY



Please do not submit this form until you are ready to close out and finalize the account. Please allow up to 3 business days for closure once we receive this form.

DISBURSE REMAINING ACCOUNT FUNDS

CHECK ONE:

- Deposit to the regular share of another PSECU Account. Account Number _____
NOTE: This option can be only used for transfers to the Estate Account at PSECU, a Joint Owner's PSECU account, or a Beneficiary's PSECU account.
- By check sent to address listed below and made payable based on the specific account type.
NOTE: The check will be made payable to the joint owner, beneficiary, or the estate.

ADDRESS OF AUTHORIZED PARTY

CITY STATE ZIP

NOTE: If there is a certificate on the account, this section should be only completed if the Authorized Party is a Joint Owner.

- Redeem for no penalty to be deposited to Regular share listed above
- Transfer AS IS (same term and maturity) to account listed above

SIGNATURES

NOTE: Only the joint owner, executor, administrator, custodian, or all beneficiaries (as applicable) is required to sign and date this form to close the account.

By signing below as the Authorized Party, I am authorizing PSECU to disburse the funds as stated above and close the Decedent Member's account.

AUTHORIZED PARTY SIGNATURE
__JOINT OWNER __EXECUTOR __ADMINISTRATOR __CUSTODIAN __BENEFICIARY

DATE

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