



APPLICATION FOR ADDITIONAL BUSINESS PRODUCTS & SERVICES

Use this form to add additional products and services to your current PSECU Business Account. Send this completed application to: **PSECU, Attention Business Services, P.O. Box 67013, Harrisburg, PA, 17106-7013.** Documents can also be faxed to **717.777.2215.**

BUSINESS IDENTIFICATION

BUSINESS NAME _____

ENTITY TYPE Sole Proprietor General Partnership Limited Partnership LLC Corporation

PURPOSE OF THE ACCOUNT (i.e. Operating Account, Petty Cash, Payroll Account, Concentration Account) _____

BUSINESS WEBSITE (if applicable) _____

FEDERAL TAX ID# OR SOCIAL SECURITY NUMBER _____

PSECU BUSINESS ACCOUNT NUMBER _____

ADDITIONAL SERVICES REQUESTED

BUSINESS MONEY MARKET Yes, please open a Money Market account.

If you have enclosed additional funds and want them to be deposited into a Money Market, please indicate the dollar amount \$ _____

BUSINESS CHECKING Yes, please open a Checking account.

If you have enclosed additional funds and want them to be deposited into Checking, please indicate the dollar amount \$ _____

CERTIFICATE (minimum \$500 to open and earn dividends) Yes, please open a Certificate for the term below:

Term in months 3 6 9 12 18 24 36 48 60

Additional funds enclosed \$ _____

BUSINESS DEBIT CARD Yes, I want a Business debit card(s).

You may have up to four (4) total debit cards on your business checking account. Business debit cards are FREE. Charges apply for replacement cards. See fee schedule for additional information.

NOTE: If this (these) person(s) will be (an) authorized cardholder(s) and is (are) not the owner(s), I/we authorize him/her/them to use the card and I/we accept full responsibility for all charges and/or cash advances just as though I/we made them. If you designate (an) authorized cardholder(s) he/she/they may not order replacement cards or obtain account information. I/We will receive agreement and disclosure materials specific to this product after my/our application is processed.

Please issue card(s) in the name(s) listed below. Debit card(s) will be shipped to the business mailing address on record.

FIRST NAME _____ LAST NAME _____ DEBIT CARD PIN _____

The Business Name will automatically appear on line 2 of your debit card.

SOCIAL SECURITY # _____ DATE OF BIRTH _____

FIRST NAME _____ LAST NAME _____ DEBIT CARD PIN _____

The Business Name will automatically appear on line 2 of your debit card.

SOCIAL SECURITY # _____ DATE OF BIRTH _____

FIRST NAME _____ LAST NAME _____ DEBIT CARD PIN _____

The Business Name will automatically appear on line 2 of your debit card.

SOCIAL SECURITY # _____ DATE OF BIRTH _____

BUSINESS BACKGROUND/ACTIVITY INFORMATION

Describe your industry, the work performed and/or product(s) you sell:

Is your business a Money Service Business (MSB) or do you provide MSB services? Yes No

Do you own or operate any ATMs? Yes No

If YES, how many? _____

Will you provide check cashing services for your customers (i.e. payroll checks, personal checks, etc.) Yes No

If YES, how much, in total, will you cash in any given day? _____

Are you registered with FinCEN? Yes No

(FinCEN is a law enforcement agency of the Treasury Department responsible for establishing and implementing policies to detect money laundering.)

If YES, please attach FinCEN Agreement to this application.

Will you sell money orders, stored value cards, or traveler's checks for customers? Yes No

Are you an agent for another MSB? Yes No

If YES, please attach Agent Agreement to this application.

Will you transmit money for your customers? (i.e. Western Union, MoneyGram, etc.) Yes No

AUTHORIZED SIGNATURES

I/We apply for a Business Account(s) with PSECU and agree to the conditions stated on this application and in the Terms and Conditions of Your Business Account, 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 personnel office to furnish information, including credit reports, concerning me/us or my/our affairs upon request of this credit union. I/We understand that I/we (business 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 business partners, or any of them, jointly and severally at the sole discretion of PSECU. 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 Title 18, United States Code, Section 1001, et seq. that the information on this application is true and correct. Any financial service provided by PSECU may be used for any transaction permitted by law. I/We agree that I/we will not use any service for any transaction that is illegal under applicable federal, state, or local law. I/We 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. I/We 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, I/we 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 online gambling. The Business Owners/Signers certify on behalf of the Business that it does not engage in an Internet gambling business. The Internal Revenue Service does not require my/our consent to any provision of this document other than the certifications required to avoid back-up withholding.

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/we consent to allow PSECU to obtain my/our consumer reports for the purpose of establishing PSECU membership and verifying my/our identity.

NAME (signed) _____ TITLE _____ DATE _____

PRINT NAME _____

NAME (signed) _____ TITLE _____ DATE _____

PRINT NAME _____

NAME (signed) _____ TITLE _____ DATE _____

PRINT NAME _____

GENERAL INSTRUCTIONS : BENEFICIAL OWNERSHIP CERTIFICATION

WHAT IS THIS FORM?

To help the government fight financial crime, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

WHO HAS TO COMPLETE THIS FORM?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

WHAT INFORMATION DO I HAVE TO PROVIDE?

This form requires you to provide the name, address, date of birth, and Social Security number (or passport number or other similar information, in the case of non-U.S. persons) for the following individuals (i.e., the **beneficial owners**):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of “beneficial owner” may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30 percent equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

The financial institution may also ask to see a copy of a driver’s license or other identifying document for each beneficial owner listed on this form.

CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account on behalf of a legal entity must provide the following information:

a. Name and Title of Natural Person Opening Account:

b. Name, Title, and Address of Legal Entity for Which the Account is Being Opened:

c. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

NAME	DATE OF BIRTH	ADDRESS (RESIDENTIAL OR BUSINESS STREET ADDRESS)	FOR U.S. PERSONS: SOCIAL SECURITY NUMBER	FOR NON-U.S. PERSONS: SOCIAL SECURITY NUMBER, PASSPORT NUMBER & COUNTRY OF ISSUANCE, OR OTHER SIMILAR IDENTIFICATION NUMBER ¹

(If no individual meets this definition, please write "Not Applicable.")

d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions. (If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

NAME/TITLE	DATE OF BIRTH	ADDRESS (RESIDENTIAL OR BUSINESS STREET ADDRESS)	FOR U.S. PERSONS: SOCIAL SECURITY NUMBER	FOR NON-U.S. PERSONS: SOCIAL SECURITY NUMBER, PASSPORT NUMBER & COUNTRY OF ISSUANCE, OR OTHER SIMILAR IDENTIFICATION NUMBER ¹

I, _____ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct

Signature: _____ Date: _____

Legal Entity Identifier: _____ (Optional)

¹ In lieu of a passport number, non-U.S. persons may also provide a Social Security number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.