



# PSECU MEMBERSHIP APPLICATION

## VETERAN'S ADMINISTRATION CUSTODIAL ACCOUNT

Complete application with ball point pen. For non-U.S. citizens, in addition to the ID documents, please provide copies of your documentation of citizenship status (entry documents received upon arrival in the U.S. or other documentation of permanent status change), along with appropriate tax certification (Social Security card and/or W-8BEN). Please mail to P.O. Box 67009, Harrisburg, PA 17106-7009 or fax to 717.720.1234. For current rates, visit [psecu.com/rates](http://psecu.com/rates). For fee schedule and Truth in Savings Account Disclosures, visit [psecu.com/disclosures](http://psecu.com/disclosures). You can also request them by calling us at 800.237.7328.



**NOTE:** When submitting this application, you must include a copy of the VA Custodian appointment letter and a copy of the VA Beneficiary's driver's license or government-issued ID, or if not available, the Social Security card.

### VA BENEFICIARY'S ELIGIBILITY

Check one & fill in eligibility

- THE VA BENEFICIARY IS A CURRENT PSECU MEMBER.
- THE VA BENEFICIARY IS RELATED TO OR RESIDES IN THE SAME HOUSEHOLD AS A PSECU MEMBER.

PSECU Member's Name: \_\_\_\_\_  
Relationship:  Parent/Grandparent  Child/Grandchild  Spouse  Sibling  
 Household Member

OTHER (List) \_\_\_\_\_

PROMOTIONAL CODE \_\_\_\_\_

### VA BENEFICIARY'S INFORMATION

FIRST NAME, MIDDLE INITIAL, LAST NAME, SUFFIX \_\_\_\_\_

SOCIAL SECURITY # OR TAX ID # (We require a copy of the Social Security Card.) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PLEASE SELECT ONE BOX BELOW:

- The VA beneficiary is a U.S. citizen.
- The VA beneficiary is a permanent resident alien.
- The VA beneficiary is not a U.S. citizen or permanent resident alien.

PLEASE COMPLETE THE FOLLOWING ONLY IF THE VA BENEFICIARY IS NOT A U.S. CITIZEN:

(See page 2 for more information on Politically Exposed Persons.)

- Is the ward a politically exposed person (PEP)?  Yes  No
- Is the ward a close associate or family member of a PEP?  Yes  No
- Does the ward also live in a foreign country?  Yes  No

### CHECKING

YES, I want checking services.

Would you like paper checks?  Yes  No

The basic-style checks you receive are free. Please allow two weeks to receive your checks.

### OVERDRAFT PROTECTION TRANSFER SERVICE

This service will pull money from another share or loan account in the event your checking account does not have sufficient available funds to pay incoming transactions (except for debit card purchases or ATM withdrawals). The default setting will transfer funds from your Regular shares. There are no fees for this service. If you would like to opt out of this service, select "I do not want Overdraft Protection Transfer Service." Opting out of this service may result in Courtesy Pay (overdraft) fees being incurred or transactions being returned unpaid for insufficient funds (NSF).

Please check one:

- I want Overdraft Protection Transfer Service
- I do not want Overdraft Protection Transfer Service

**YOU WILL RECEIVE ADDITIONAL AGREEMENT AND DISCLOSURE MATERIALS SPECIFIC TO THE PRODUCTS YOU REQUEST.**

SEE REVERSE TO COMPLETE APPLICATION, AND FOR MAIL AND FAX INSTRUCTIONS.

### VA CUSTODIAN'S INFORMATION

You must be at least 18 years of age to be a VA Custodian.

FIRST NAME, MIDDLE INITIAL, LAST NAME, SUFFIX \_\_\_\_\_

SOCIAL SECURITY # OR TAX ID # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

DRIVER'S LICENSE # OR GOVERNMENT-ISSUED ID # (If you do not have a driver's license or government-issued photo ID, please submit 2 copies of ID, one reflecting current address.) \_\_\_\_\_

STATE \_\_\_\_\_ ISSUE DATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_

WORK PHONE NUMBER \_\_\_\_\_

MOBILE PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

START DATE AT THIS ADDRESS \_\_\_\_\_

if less than 2 years, list previous address \_\_\_\_\_

MAILING ADDRESS  Same as physical address \_\_\_\_\_

EMPLOYMENT STATUS:  Employed  Unemployed  Retired  Homemaker  
 Student  Minor  Disabled

JOB TITLE & INDUSTRY \_\_\_\_\_

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.

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

## MAKE YOUR FIRST DEPOSIT

1) Members must maintain a \$5 share in the Regular share; 2) The \$5 is waived for new accounts if you have a promotional code. Remember to enter it in the eligibility section above. If the member account is closed within the first year of membership, and the credit union paid the \$5 initial share deposit, it will be retained by PSECU. Send application and your check, if needed, to PSECU, attn: Application Processing, P.O. Box 67009, Harrisburg, PA 17106-7009.

\$ \_\_\_\_\_ REGULAR SHARE

## SIGNATURES PLEASE READ MATERIAL CAREFULLY.

I hereby apply, on behalf of the VA Beneficiary, for membership in Pennsylvania State Employees Credit Union (PSECU). I, as VA Custodian, agree to the conditions stated on this application, and in the Agreements and Disclosures, and the Bylaws 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 employer 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 VA Custodian for said VA Beneficiary, and I understand and agree that I am 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 personal obligation of the VA Custodian. 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. **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 identify and hold PSECU harmless for any suits or other legal actions 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.

SET-OFF: Although also contained in the Agreements and Disclosures document which will be provided to me as required by law, the following is separately restated here for me to read and agree to by my signature below. I acknowledge that PSECU has an automatic statutory lien against all funds deposited with PSECU whether deposited into an account for me ("Individual Account") or into an account for me and another person or persons ("Joint Account"). I agree for myself and with any other person whose name appears with mine on the account records of PSECU that all funds deposited in my Individual or Joint Account are fully available to pay any negative balance in another deposit account or to pay any amount owing on any loan or other extension of credit, regardless of whether the account records of PSECU for such other deposit account or loan or other extension of credit account indicate such deposit account to be an Individual account for me alone or a Joint Account for me and other persons. Each depositor acknowledges that PSECU has the right to charge or set-off against any PSECU deposit account for any debt or other obligation owing by a depositor named on the PSECU account records, either individually or jointly, except where such PSECU deposit account is an Individual Retirement Account or is otherwise protected from set-off under state or federal laws. Each depositor agrees that when exercising this right to set-off PSECU may take all funds on deposit to repay the obligation of each, either, or all depositors identified on the PSECU account records.

All applications will be subject to identity and credit verification. In some instances, PSECU may use 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 verify my identity.

\_\_\_\_\_  
VA CUSTODIAN'S NAME (Please print.)

\_\_\_\_\_  
VA CUSTODIAN'S SIGNATURE (Please sign in ink.)

\_\_\_\_\_  
DATE

### W-9 FORM - INTERNAL REVENUE SERVICE TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION Beneficiary Applicant Only

Under penalties of perjury, I, as VA Custodian on behalf of the VA Beneficiary named above certify that: (i) the VA Beneficiary is a U.S. Citizen, (ii) the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown on this form is the VA Beneficiary's correct identification number, and (iii) the VA Beneficiary 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, as VA Custodian, that the VA Beneficiary is no longer subject to backup withholding.

The VA Beneficiary 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 leader, 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