



PSECU ORGANIZATIONAL ACCOUNT

MEMBERSHIP APPLICATION AND CHANGE OF AUTHORIZED SIGNERS

BASIC ACCOUNT INFORMATION

IMPORTANT: All members of the organization must be eligible for membership. For current rates, visit psecu.com/rates. For fee schedule and Truth in Savings Account Disclosures, visit psecu.com/disclosures. You can also request them by calling us at **800.237.7328**.

Do you place, receive, or otherwise knowingly transmit a bet or wager by any means which involves the use, at least in part, of the Internet? YES NO

Check here if a PSECU Organizational Account already exists and this is a change of authorized signers. Account # _____

Send the completed Application and Resolution Authorizing Credit Union Membership along with your IRS letter, your bylaws, and a check or money order for a minimum of \$5 (the minimum required balance for your Regular share) to: PSECU, P.O. Box 67009, Harrisburg, PA 17106-7009.

COMPLETE THE FOLLOWING ORGANIZATIONAL ACCOUNT INFORMATION:

FEDERAL TAX ID NUMBER _____

CITY/STATE/ZIP _____

ORGANIZATION'S NAME _____

ORGANIZATION'S PHYSICAL ADDRESS _____

ORGANIZATION'S MAILING ADDRESS _____

ORGANIZATION'S DAYTIME PHONE # AND EMAIL ADDRESS _____

CHECKING WITH DEBIT CARD

YES, I want checking with a debit card

Would you like paper checks? Yes No

Add organization's phone number to the checks.

The basic-style checks you receive are free. The organization's name and address will appear on the checks. Please allow two weeks to receive your checks.

Enter your debit card PIN in the space provided on this application.

One debit card will be issued in each authorized signer's name (maximum of 2 cards). Please allow two weeks to receive your debit card(s).

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

ACCOUNT AGREEMENT

Please read material carefully. All applicants are required to sign the application.

I/We apply for an Organizational Account with Pennsylvania State Employees Credit Union (PSECU) and agree to the conditions stated on the back of this application, in the Agreements and Disclosures, and 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 employer to furnish information, including credit reports, concerning me/us or my/our affairs and all joint owners upon request of this credit union. I/We understand that I/we 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 owners, 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. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid back-up withholding. Read the Internal Revenue Service W-9 Form below and complete, if applicable.

RESOLUTION AUTHORIZING CREDIT UNION MEMBERSHIP

I/We, the undersigned Secretary of (hereinafter called "Organization") hereby certify that the following is a true copy of the resolution adopted by the (check one) _____ Membership or _____ Directors of the Organization, at a duly called and convened meeting, at which quorum was present, acting throughout the meeting, on the _____ day of _____, 20____, and that the said resolution is in full force and effect, never having been modified or canceled.

I/We certify on behalf of the Organization that I/we will not use our account for the purpose of conducting an Internet gambling business.

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 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 illegal online gambling.

SET-OFF: Although also contained in the Agreements and Disclosures document which will be provided to me/us as required by law, the following is separately restated here for me/us to read and agree to by my/our signature below. I/We acknowledge that PSECU has an automatic statutory lien against all funds deposited with PSECU whether deposited into an account for me/one of us alone ("Individual Account") or into an account for me/one of us and another person or persons ("Joint Account"). I/We agree for myself/ourselves and with any other person whose name appears with mine/ours on the account records of PSECU that all funds deposited in my/our 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/one of us alone or a Joint Account for me/one of us 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 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 this application, I/we consent to allow PSECU to obtain my/our consumer reports for the purpose of establishing PSECU membership and verifying my/our identity.

RESOLVED: That this Organization open and maintain a share account with PSECU, in the name and for the use of this Organization, and to make payments on shares from time to time by any and all monies and checks which may now or hereafter be in the possession of this Organization, and that until otherwise ordered in writing and such order placed in the hands of the credit union, said credit union is hereby authorized to make payments from said account upon and according to withdrawal order of this Organization when signed by any one of the following:

1. Please provide the information requested and signature for each authorized signer. See reverse for additional authorized signers.

FIRST NAME, MIDDLE INITIAL, LAST NAME, SUFFIX _____

FIRST NAME, MIDDLE INITIAL, LAST NAME, SUFFIX _____

SIGNATURE _____

SIGNATURE _____

SOCIAL SECURITY # OR TAX ID # _____ DATE OF BIRTH _____

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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.) _____

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STATE _____ ISSUE DATE _____ EXPIRATION DATE _____

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EMAIL ADDRESS _____

EMAIL ADDRESS _____

PHYSICAL ADDRESS _____

PHYSICAL ADDRESS _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

HOME PHONE NUMBER _____ WORK PHONE NUMBER _____

HOME PHONE NUMBER _____ WORK PHONE NUMBER _____

EMPLOYMENT STATUS: Employed Unemployed Retired Homemaker
 Student Minor Disabled

EMPLOYMENT STATUS: Employed Unemployed Retired Homemaker
 Student Minor Disabled

JOB TITLE & INDUSTRY _____

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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.

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- I am not a U.S. citizen or permanent resident alien.

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

(See below 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

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

(See below 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

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

RESOLUTION AUTHORIZING CREDIT UNION MEMBERSHIP (CONTINUED)

FIRST NAME, MIDDLE INITIAL, LAST NAME, SUFFIX _____

SIGNATURE _____

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 _____/_____/_____

EMAIL ADDRESS _____

PHYSICAL ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE NUMBER _____

WORK PHONE NUMBER _____

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 below 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

2. I further certify that the persons listed are the Officers of this Organization.
Please provide names:

PRESIDENT _____

VICE PRESIDENT _____

SECRETARY _____

TREASURER _____

FIRST NAME, MIDDLE INITIAL, LAST NAME, SUFFIX _____

SIGNATURE _____

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 _____/_____/_____

EMAIL ADDRESS _____

PHYSICAL ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE NUMBER _____

WORK PHONE NUMBER _____

EMPLOYMENT STATUS: Employed Unemployed Retired Homemaker
 Student Minor Disabled

JOB TITLE & INDUSTRY _____

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 I am not a U.S. citizen or permanent resident alien.

PLEASE COMPLETE THE FOLLOWING ONLY IF NOT A U.S. CITIZEN:
(See below 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

3. I hereby certify that all statements made on this form are true.

SECRETARY'S SIGNATURE _____

DATE _____

CHOOSE YOUR PIN. DO NOT DETACH. Select a PIN number for your debit card that is not easily identified with you, such as your Social Security number. Please do not use symbols, numbers between 0000 and 0009, repeating numbers (1111, 2222, etc.), or consecutive ascending or descending numbers (1234, 4321, for example). If a debit card PIN is not selected, it will be randomly generated. For your reference, please make note of your PIN. PSECU does not keep your debit card PIN on file.

DEBIT CARD PIN:

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

Under penalties of perjury, I certify that: (i) I am a U.S. Citizen or Resident, (ii) the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown on this form is my correct identification number and (iii) I am 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 that I am no longer subject to backup withholding.

I am 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 leaders, influential executives in nationalized industries or under government administration, senior judicial or military officials, and members of ruling families, among others.

NOTICE: The Unlawful Internet Gambling Enforcement Act (UIGEA) of 2006 prohibits any person engaged in the business of betting or wagering from knowingly accepting payments in connection with the participation of another person in unlawful Internet gambling. As defined in Regulation GG, the final rule implementing this Act, unlawful Internet gambling is defined as "to place, receive or otherwise knowingly transmit a bet or wager by any means which involves the use, at least in part, of the Internet where such bet or wager is unlawful under any applicable Federal or State law in the State or Tribal lands in which the bet or wager is initiated, received or otherwise made." As an Organizational member of PSECU, these transactions are restricted and therefore prohibited from being processed through your account or other relationships you may have with PSECU.

Mail or fax completed application to:

P.O. BOX 67009, HARRISBURG, PA 17106-7009 • FAX 717.720.1234

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