



# PSECU MEMBERSHIP APPLICATION

## REPRESENTATIVE PAYEE ACCOUNT

Complete application with ballpoint 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-BBEN). 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:** A Representative Payee account is opened upon the determination of the Social Security Administration that a person (Beneficiary) is unable to handle their own finances. The Beneficiary will receive Social Security and/or Supplementation Security Income (SSI) payments from the Social Security Administration. Only the Representative Payee may have access to the account. The Representative Payee must use the funds for the Beneficiary's care and well-being. When submitting this application, you must include a copy of the Representative Payee appointment letter and a copy of the Beneficiary's Social Security card.

### SOCIAL SECURITY BENEFICIARY'S ELIGIBILITY

Check one & fill in eligibility

- SOCIAL SECURITY BENEFICIARY IS A CURRENT PSECU MEMBER
- SOCIAL SECURITY BENEFICIARY IS RELATED TO OR RESIDES IN THE SAME HOUSEHOLD AS A PSECU MEMBER  
 PSECU MEMBER'S NAME \_\_\_\_\_  
 RELATIONSHIP  Parent/Grandparent  Spouse  Household member  
 Child/Grandchild  Sibling
- OTHER (List) \_\_\_\_\_

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

### SOCIAL SECURITY BENEFICIARY'S INFORMATION

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

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

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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

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

### REPRESENTATIVE PAYEE'S INFORMATION

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 \_\_\_\_\_

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

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

### CHECKING WITH DEBIT CARD

YES, I want checking with a debit card

Would you like paper checks? \_\_\_ Yes \_\_\_ No

Add Rep Payee's home phone number to the checks.

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

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

### 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.

## 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:

## 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 Dept., P.O. Box 67009, Harrisburg, PA 17106-7009.

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

## SIGNATURE PLEASE READ MATERIAL CAREFULLY

I, on behalf of the Beneficiary, apply for membership in Pennsylvania State Employees Credit Union (PSECU) and I, as Representative Payee, agree to the conditions stated in the Agreements and Disclosures and the Bylaws of PSECU which will be provided to me as required by law. I, as Representative Payee, 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. 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 Representative Payee. 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. I certify that I have been duly qualified and/or appointed by the Social Security Administration to serve as the Representative Payee for the Beneficiary. By my signature I acknowledge that PSECU assumes no responsibility for the administration of this Representative Payee account at any time. 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 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 unlawful internet 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 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 verifying my identity.

\_\_\_\_\_  
REPRESENTATIVE PAYEE'S NAME (Please print.)

\_\_\_\_\_  
REPRESENTATIVE PAYEE'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 Representative Payee on behalf of the Beneficiary named above certify that: (i) the Beneficiary is a U.S. Citizen, (ii) the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown on this form is the Beneficiary's correct identification number, and (iii) the 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 Representative Payee, that the Beneficiary is no longer subject to backup withholding.

THE BENEFICIARY IS SUBJECT TO BACKUP WITHHOLDING

If the Beneficiary is 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.

Mail or fax completed application to:

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