



# PSECU MEMBERSHIP APPLICATION

## ESTATE 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). 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:** You must include a copy of the Short Certificate (Letters of Testamentary or Administration), a copy of the death certificate, and a copy of the IRS letter confirming the EIN assigned to the Estate.

### DECEDENT'S ELIGIBILITY

Check one & fill in eligibility

- THE DECEDANT WAS A CURRENT PSECU MEMBER
- THE DECEDENT WAS AN IMMEDIATE FAMILY MEMBER OF A CURRENT PSECU MEMBER

Current PSECU Member's Name: \_\_\_\_\_

Relationship:  Parent/Grandparent  Sibling  Household member

OTHER (LIST) \_\_\_\_\_

### DECEDENT'S INFORMATION

ESTATE EIN \_\_\_\_\_

ESTATE NAME \_\_\_\_\_

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE OF DEATH

### CHECKING WITH DEBIT CARD

YES, I want checking with a debit card

Would you like paper checks?  Yes  No

Add Executor's home phone number to the checks.

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

One debit card will be issued in each Executor's name. 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

### EXECUTOR'S/ADMINISTRATOR'S INFORMATION

All executor's/administrator's agree to be bound by the terms stated in the Signatures section.

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

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

- Your account and debit card PINs will be randomly assigned.
- We are placing the required \$5 in your account to get you started. 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.

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

**SIGNATURES** PLEASE READ MATERIAL CAREFULLY.

I hereby apply on behalf of a decedent estate for membership in Pennsylvania State Employees Credit Union (PSECU). I, as Executor/Administrator, agree to the conditions stated in the Agreements & Disclosures and the bylaws, rules and regulations 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 personnel office 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 Executor/Administrator for said Decedent and I understand and agree to be 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 obligation of the Estate. 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 a court to settle the above Decedent's Estate. By my signature I acknowledge that PSECU assumes no responsibility for the administration of this estate account or the settlement of the above Decedent's Estate at any time. I understand that upon settlement of the Decedent's Estate, it is my responsibility to request closure of the estate account. 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.**

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

EXECUTOR'S/ADMINISTRATOR'S NAME *(Please print.)*

EXECUTOR'S/ADMINISTRATOR'S SIGNATURE *(Please sign in ink.)*

DATE

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

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

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

*Mail, fax, or email completed application to:*

P.O. BOX 67009, HARRISBURG, PA 17106-7009 • FAX 717.720.1234 • APPLICATIONP@PSECU.COM