



PSECU YOUTH MEMBERSHIP APPLICATION

Visit <https://www.psecu.com/join> to become a member online.

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-8BEN). For current rates, visit [psecu.com/rates](https://www.psecu.com/rates). For fee schedule and Truth in Savings Account Disclosures, visit [psecu.com/disclosures](https://www.psecu.com/disclosures). You can also request them by calling us at 800.237.7328.

MINOR (PRIMARY) MEMBER INFORMATION

Account owners under 18 years of age must have a joint owner who is 18 years of age or older. **You must provide at least one phone number to open an account.**

Joint Owner - By continuing with this account process, you acknowledge you are over the age of 18 and will be the joint owner of the account. You agree to be responsible for all account activity of the minor.

MINOR'S FIRST NAME, MIDDLE INITIAL, LAST NAME, SUFFIX

MINOR'S SOCIAL SECURITY # OR TAX ID #
(If you're under 18, please also provide a copy of your Social Security card.)

MINOR'S DATE OF BIRTH: ____/____/____

MINOR'S DRIVER'S LICENSE # OR STATE ID # *(If you do not have a driver's license or State ID, please submit 2 copies of ID, one reflecting current address.)*
(Not applicable if Social Security Card has been provided for members under 18 years of age.)

STATE / ISSUE DATE / EXPIRATION DATE

MINOR'S EMAIL ADDRESS (Optional)

MINOR'S PHYSICAL ADDRESS

CITY, STATE, ZIP

MAILING ADDRESS Same as physical address

EMPLOYMENT STATUS: Employed Unemployed Retired Homemaker
 Student Minor Disabled

JOB TITLE & INDUSTRY (Optional)

MINOR APPLICANT:
HOME PHONE NUMBER _____
WORK PHONE NUMBER _____
MOBILE PHONE NUMBER _____

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

SELECT ELIGIBILITY

Check one & fill in eligibility for minor.

- I am a current PSECU Member.
 - I am an employee, retiree or a member of a municipality, school district or select partner organization that offers PSECU membership as a benefit. I have reviewed the list of select partner organizations and verify that this is true and correct.
 - I or a family member attend, graduated or work for a qualified Pennsylvania college or university.
 Student Faculty/Staff Alumni Family
of the following college/university: _____
 - I reside in PA and am interested in joining the Pennsylvania Consumer Council (PACC) at no cost to become eligible to join PSECU. PACC is a chapter of the American Consumer Council. To continue your relationship with PSECU, you do not have to maintain your PACC membership.
 - I reside with an existing PSECU member or have a parent, stepparent, child, spouse, sibling, grandchild, or grandparent that is a current PSECU member.
PSECU Member's Name: _____
- PROMOTIONAL CODE: _____

CHECKING & DEBIT CARD

UNDER 13 - Only eligible for savings.

YES, I want checking with a debit card.

- Would you like paper checks? Yes No
- Add my phone number to the checks.

The basic-style checks you receive are free. The minor's name and the joint owner's name address will appear on your checks. Please allow two weeks to receive your checks. One debit card will be issued in you and your joint owner's name. Please allow two weeks to receive your debit card.

OVERDRAFT PROTECTION TRANSFER SERVICE (checking only)

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) fee being incurred or transactions being returned unpaid for Non-Sufficient 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.

- 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.

JOINT OWNER INFORMATION (If applicable)

You must be at least 18 years of age to be a joint owner. All joint owners agree to be bound by the terms stated in the Signatures Section and the Joint Owner Agreement included in the Agreements and Disclosures booklet, which will be provided.

FIRST NAME, MIDDLE INITIAL, LAST NAME, SUFFIX

SOCIAL SECURITY # OR TAX ID #

(If you're under 18, please also provide a copy of your Social Security card.)

DATE OF BIRTH: ____/____/____

DRIVER'S LICENSE # OR STATE ID # (If you do not have a driver's license or state ID, please submit 2 copies of ID, one reflecting current address.)

STATE _____ ISSUE DATE ____/____/____ EXPIRATION DATE ____/____/____

EMAIL ADDRESS

PHYSICAL ADDRESS

CITY, STATE, ZIP

MAILING ADDRESS Same as physical address

EMPLOYMENT STATUS: Employed Unemployed Retired Homemaker
 Student Disabled

JOB TITLE & INDUSTRY

CAN WE CONTACT YOU?

I consent to be contacted on behalf of PSECU via telephone, text message/SMS, automatic telephone dialing system, and artificial or prerecorded voice message at the numbers I have provided to PSECU in this application for the following: advertisements, telemarketing messages, payment reminders, and other communication. I am not required to provide this consent as a condition to receive services or other PSECU products and understand that I may at any later time revoke this consent. By checking the box, I give my express written consent to be contacted per the terms outlined above.

JOINT OWNER:

I CONSENT

HOME PHONE NUMBER _____

WORK PHONE NUMBER _____

MOBILE PHONE NUMBER _____

Important Information Regarding Receiving SMS Messages from PSECU

TERMS AND CONDITIONS

Text message/SMS frequency will depend on your account activity. For more information, text 'HELP' to 64591 or call us at 800.237.7328. To cancel text messaging services at any time, text 'STOP' to 64591 or reply 'STOP' to any text message from your mobile device. Message and data rates may apply. Mobile carriers are not liable for delayed or undelivered messages.

HELP instructions: Text HELP to 64591 for help or call 800.237.7328

STOP instructions: Text STOP to 64591 to cancel

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

SIGNATURE PLEASE READ MATERIAL CAREFULLY. YOU ARE REQUIRED TO SIGN THE APPLICATION.

I apply for membership in PSECU and 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. 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 joint owners of any account owned by those individuals. 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 of 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 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 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 me whether deposited into an account for me alone ("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 my name 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 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.

For primary account owners under 18 years of age, Joint Owner (18 years of age or older) name and signature must be provided here.

JOINT OWNER NAME (Please print.)

JOINT OWNER SIGNATURE (Must be 18 or older. Please sign in ink.)

DATE

JOINT OWNER ADDITIONAL CONSENT

I consent to allow PSECU to use my consumer reports for the additional purpose of marketing other products and services in the future.

JOINT OWNER: I CONSENT I DO NOT CONSENT

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.

Mail, fax, or email completed application to:

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