



PSECU MEMBERSHIP APPLICATION

Millersville University

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, fees and the Truth in Savings Account Disclosures, visit psecu.com/rates or call 800.237.7328.

APPLICANT ELIGIBILITY

Check one & fill in eligibility.

I AM A STUDENT - 3022

My grade level is Freshman Sophomore Junior Senior

and my anticipated graduation date will be _____

I AM A FACULTY/STAFF MEMBER - 3026

I AM A FAMILY MEMBER - 3025

PSECU Member's Name: _____

Relationship: Parent/Grandparent Child/Grandchild Spouse Sibling
 Reside in same household

Is this a PSECU employee? Yes No

APPLICANT INFORMATION

You must be at least 12 years of age to be an account owner.

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

FIRST NAME, MIDDLE INITIAL, LAST NAME, SUFFIX

E-MAIL ADDRESS

HOME PHONE NUMBER

WORK PHONE NUMBER

CELL PHONE NUMBER

PREFERRED METHOD OF CONTACT E-mail Home Work Cell

DATE OF BIRTH: ____/____/____

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.

PROFESSION/JOB TITLE NUMBER (See page 2 to find the Profession/Job Title Number that best describes your occupation.)

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 ____/____/____

PERMANENT STREET ADDRESS (If address is a Post Office Box, also list the place of residence.)

CITY, STATE, ZIP

OCCUPANCY STATUS Buying/Own with Mortgage Government Quarters
 Live with Parents Own - Free & Clear Rent Other

HOW LONG AT THIS ADDRESS? _____

If less than 2 years, list previous address _____

ARE YOU A POLITICALLY EXPOSED PERSON (PEP)? Yes No

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

ARE YOU A CLOSE ASSOCIATE OR FAMILY MEMBER OF A PEP? Yes No

DO YOU ALSO LIVE IN A FOREIGN COUNTRY? Yes No

EMPLOYMENT STATUS: Employed Unemployed Retired Homemaker
 Student Minor Disabled

JOINT OWNER

You must be at least 12 years of age to be a joint owner. All joint owners agree to be bound by the terms stated in the Signature Section and the Joint Owner Agreement included in the Agreements and Disclosures booklet, which will be provided.

RELATIONSHIP TO APPLICANT (OWNER) Adult Family Member Child/Step Child

Grandchild Grandparent Parent/Step Parent Sibling Spouse
 Same Household Not Applicable

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

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COMPLETE YOUR PIN/PASSWORD DO NOT DETACH Select PINs and a password that are 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). Please select different PINs and write them in the spaces below. Please note them for your reference. PSECU does not keep your PINs on file. You will need your PSECU Member Account PIN when contacting us.

YOUR MEMBER ACCOUNT PIN:

YOUR CHECK CARD/ATM PIN:

ONLINE BANKING PASSWORD:

Password must be 8-20 characters and must contain one number, one uppercase letter and one lowercase letter. Special characters are allowed but not required. The first four characters cannot be the same.

CHECKING

YES, I want checking services and paper checks.

Your checking will automatically overdraft from Regular Shares (S1). 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.

- Add my home phone number
- Add my joint owner's name

ONLINE BANKING

Enter your 8-20 digit password in the space provided on this application.

YES, I want online banking.

CHECK CARD

Enter your PIN in the space provided on this application.

YES, I want a Check Card. (Check Card can be used for ATM services.)

- 1 Check Card in my name
- 2 Check Cards in my name
- 2 Check Cards, 1 in my name and 1 in my joint owner's name

Your Check Card will automatically overdraft from Regular Shares (S1). However, overdrafting will not apply at the time of purchase. Sufficient funds must be available in your Checking/Transactional Shares (S4) for your purchase to be authorized. Overdrafting will apply at the time your purchase is presented to PSECU for payment. Please allow two weeks to receive your Check Card.

SIGNATURES PLEASE READ MATERIAL CAREFULLY. ALL APPLICANTS ARE REQUIRED TO SIGN THE APPLICATION.

I/We apply for membership in PSECU and agree to the conditions stated on this application and in the Agreements & Disclosures and the Bylaws, rules and regulations 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 personnel office to furnish information, including credit reports, concerning me/our or my/our affairs and all joint owners upon request of this credit union. I/We understand that I/we and any or all of my/our joint owners 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/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 backup withholding. Read the Internal Revenue Service W-9 Form below and complete, if applicable.**

APPLICANT'S SIGNATURE (Please sign in ink.)

PRINT SIGNATURE

DATE

JOINT OWNER'S SIGNATURE (Please sign in ink.)

PRINT SIGNATURE

DATE

Membership application expenses - A \$1 non-refundable entrance fee will be waived. A \$5 minimum share purchase will be made on behalf of the member by PSECU. If the member account is closed within the first year of membership, the initial \$5 share will be retained by PSECU. In order to retain membership in the credit union, members must maintain a \$5 share in the credit union. If you are sending additional funds, please indicate how you wish your money to be distributed. Send application and your check, if needed to PSECU, Attn: Application Processing Dept., P.O. Box 67009, Harrisburg, PA 17106-7009.

\$ _____ REGULAR SHARES (S1) \$ _____ CHECKING/TRANSACTIONAL SHARES (S4) PROMOTIONAL CODE _____ REFERRAL CODE _____

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.

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 online gambling.**

USA 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.

PROFESSION/JOB TITLE

Your occupation will fall into one of the areas listed below. Please identify the one that best describes the field/industry in which you work.

- | | |
|---|---|
| 1. Accommodation and Food Services | 11. Professional, Scientific and Technical Services |
| 2. Agriculture, Forestry, Fishing and Hunting | 12. Public Administration |
| 3. Arts, Entertainment and Recreation | 13. Real Estate and Rental and Leasing |
| 4. Construction | 14. Retail Trade |
| 5. Educational Services | 15. Transportation and Warehousing Including Postal/Delivery Services |
| 6. Finance and Insurance | 16. Utilities |
| 7. Health Care and Social Assistance | 17. Waste Management and Remediation Services |
| 8. Information and Publishing Including Data Processing, Video Production, Broadcasting and Libraries | 18. Wholesale Trade |
| 9. Manufacturing | 19. Management of Companies and Enterprises (Holding Companies) |
| 10. Mining | 20. All Other Services |
| | 21. Not Applicable |