

PSECU Membership Application - Lock Haven University

- Complete application with ball point pen. Do not use pencil or gel ink.
- You must be at least 12 years of age to be an account owner or joint owner.
- 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 or W-8BEN).

APPLICANT ELIGIBILITY: (check one & fill in eligibility)

Student - 3051 Graduation Year _____
 Fresh. Soph. Junior Senior

Faculty/Staff - 3057

Immediate Family Member/Resident of Household - 3054 (Fill in lines below)
 Member's Name: _____ Relationship: _____

APPLICANT INFORMATION:

First Name, Middle Initial, Last Name, Suffix _____

Permanent Street Address (If address is a Post Office Box, also list place of residence) _____

City _____ State _____ ZIP _____

How long at this address? If less than 2 years, list previous address. _____

Do you also live in a foreign country? Yes Country _____
 No

PLEASE SELECT ONE BOX BELOW:

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

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

SEE PAGE 2 FOR MORE INFORMATION REGARDING POLITICALLY EXPOSED PERSONS

Are you a Politically Exposed Person (PEP)? Yes No

Are you a close associate or family member of a Politically Exposed Person? Yes No

Date of Birth _____ E-mail Address _____

Home Phone Number _____ Driver's License # or Government-issued ID # _____

Work Phone Number _____ State _____ Expiration Date _____
If you do not have a driver's license or government-issued photo ID, please submit 2 copies of ID, one reflecting current address.

Cell Phone Number _____

Employment Status Student Unemployed Retired
 Homemaker Minor Disabled
 Employed _____

Occupation Field/Industry Number and Response _____

SEE PAGE 2 TO FIND THE OCCUPATION FIELD/INDUSTRY NUMBER THAT BEST DESCRIBES YOUR OCCUPATION.

JOINT OWNER:

All joint owners agree to be bound by the terms stated below in the Signature Section and the Joint Ownership Agreement included in the Agreements and Disclosures booklet, which will be provided.

Relationship to Applicant (Owner) _____

JOINT OWNER INFORMATION:

First Name, Middle Initial, Last Name, Suffix _____

Address, if different from owner _____

City _____ State _____ ZIP _____

How long at this address? If less than 2 years, list previous address. _____

Do you also live in a foreign country? Yes Country _____
 No

PLEASE SELECT ONE BOX BELOW:

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

Joint Owner Social Security # or Tax ID # (If you're under 18, please also provide a copy of your Social Security card.) _____

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Joint Owner Date of Birth _____ E-mail Address _____

Home Phone Number, if different from owner _____ Driver's License # or Government-issued ID # _____

Work Phone Number _____ State _____ Expiration Date _____
If you do not have a driver's license or government-issued photo ID, please submit 2 copies of ID, one reflecting current address.

Cell Phone Number _____

Employment Status Student Unemployed Retired
 Homemaker Minor Disabled
 Employed _____

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YOU WILL RECEIVE ADDITIONAL AGREEMENT AND DISCLOSURE MATERIALS SPECIFIC TO THE PRODUCTS YOU REQUEST AFTER WE RECEIVE YOUR APPLICATION FOR SERVICES.

CHECKING

Yes, I want checking services.

Members and joint owners must be at least 12 years old to obtain checking services. Your checking will automatically overdraft from Regular Shares. The basic-style checks you receive are free. Your name and joint owner's name will appear on checks unless you specify otherwise. The address shown on your application will be imprinted on your checks. Please allow two weeks to receive your checks.

I do NOT want the name of the joint owner imprinted on checks.

List telephone number you want on checks _____

CHECK CARD: Enter your PIN in the space provided at the bottom of this page.

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

Yes, I want a second Check Card
 List name printed on your second card _____

Members and joint owners must be at least 16 years old to obtain Check Card services. Your Check Card will automatically overdraft from Regular Shares. However, overdrafting will not apply at the time of purchase. Sufficient funds must be available in your Checking Shares 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.

ONLINE ACCOUNT ACCESS: Enter your 7-10 digit password in the space provided at the bottom of this page.

Yes, I want psecu@home® with e-Statements (You must provide a current e-mail address to receive e-Statements. Checking this box does not automatically enroll you for PSECU e-Statements. You must log into psecu@home, choose e-Statement service, and then read and agree to the disclosures. By selecting e-Statements, you agree to receive your statement electronically. You may revoke this service at anytime and return to receiving paper statements by contacting PSECU.)

Yes, I want psecu@home.

SIGNATURES: Please read material carefully. All applicants 12 years old and over are required to sign the application.

I/We apply for membership in PSECU and agree to the conditions stated on page 2 of 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 on page 2 and change, if necessary.

Applicant's Signature (please sign in ink) _____ Date _____ Joint Owner's Signature (please sign in ink) _____ 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 distributed.

\$ _____ Regular Shares (\$1) \$ _____ Checking Shares (\$4)

Promotional Code _____ Referral Code _____

For Internal Use Only:
Intern Number

COMPLETE YOUR PINS/PASSWORD: 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.

PSECU Member Account PIN: _____ Check Card/ATM PIN: _____

psecu@home Password: _____
psecu@home password must be between 7 and 10 characters and may contain letters and numbers.



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

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct Taxpayer Identification Number, (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a failure to report all interest dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).

Instructions: Cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item (3) and complete the appropriate W-8 if you are not a U.S. person (a non-resident alien or a foreign entity not subject to backup withholding).

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 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.

OCCUPATION FIELD/INDUSTRY

If you're currently employed, 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. If your selection includes a question, please check the appropriate answer. Enter the corresponding number and the answer to the corresponding question, Yes or No, if applicable on Page 1 of this application in the Employment Status section.

- | | |
|--|---|
| <p>1. Accommodation and Food Services
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you work for a casino hotel, or for a restaurant?</p> <p>2. Agriculture, Forestry, Fishing and Hunting</p> <p>3. Arts, Entertainment, and Recreation
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you work in the casino or gambling industry?</p> <p>4. Construction</p> <p>5. Educational Services</p> <p>6. Finance and Insurance</p> <p>7. Health Care and Social Assistance
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you work in a physician's office, medical laboratory, or radiology center?</p> <p>8. Information and Publishing Including Data Processing, Video Production, Broadcasting and Libraries</p> <p>9. Manufacturing
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you work for a company involved with metal recovery or metal product manufacturing?</p> <p>10. Mining</p> <p>11. Professional, Scientific, and Technical Services
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you work for an attorney, CPA, or accountant's office, or within business organization consulting services?</p> | <p>12. Public Administration</p> <p>13. Real Estate and Rental and Leasing
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you work in a real estate or broker office?</p> <p>14. Retail Trade</p> <p>15. Transportation and Warehousing Including Postal/Delivery Services
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you work in any of the following fields: non-scheduled chartered air services; bus or motor coach industry; or scenic and sightseeing transportation (land or boat)?</p> <p>16. Utilities</p> <p>17. Waste Management and Remediation Services</p> <p>18. Wholesale Trade
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you work with any of the following: farm/garden machinery and equipment; aircraft; boats; recreational goods/supplies; or jewelry, gems and precious metals?</p> <p>19. Management of Companies and Enterprises (Holding Companies)</p> <p>20. All Other Services
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you work for any of the following: telemarketing bureau; travel agency; tour operator; auctioneer services; parking lots/garages; civic/social organizations; or labor unions and similar organizations?</p> |
|--|---|

For e-Center Use Only: Location: _____ Time of Day: _____