



123 Amberleigh Lane •
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 P. (814) 865-7728 •
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 F. (814) 863-6183 •
 www.PennStateFederal.com •

Account Change Application and Signature Card

Account Number

Primary Member Information

<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	Name: First	MI	Last	Suffix	Social Security No. (SSN) or ITIN	Date of Birth (MM/DD/YYYY)	Mother's Maiden Name
<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss							
<input type="checkbox"/> I do not wish to disclose								

Name Change

<input type="checkbox"/> Marriage	
<input type="checkbox"/> Divorce	Primary and Joint member name changes requires a copy of court order; order a new card and give new signature below.
<input type="checkbox"/> Other	

Contact Information

Current Home Address: <small>Cannot Be a Post Office Box</small>	Street	City	State	Zip Code	No. of Years at Residence
Mailing Address: <small>If Different From Above Address</small>	Street	City	State	Zip Code	
Driver's License, Government ID, or State ID		State	Issue Date (MM/DD/YYYY)	Exp. Date (MM/DD/YYYY)	
ID No.				Cell Phone No.	Home Phone or Other Contact No.
Email Address					

Employment Information

Status	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired	Employer's Name	Job Title	Type of Business	No. of Years with Employer
	<input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Minor				
PSU Employees and Students	PSU Students Only	<input type="checkbox"/> Bachelors <input type="checkbox"/> Masters	PSU ID No. (If Applicable)	Expected Graduation Date	
PSU Campus: _____	<input type="checkbox"/> Doctorate <input type="checkbox"/> Post Doctorate <input type="checkbox"/> Visiting Fellow	<input type="checkbox"/> Post Doctorate <input type="checkbox"/> Visiting Scholar <input type="checkbox"/> Other: _____			

Products and Services to Add

Courtesy Pay: <input type="checkbox"/> Opt In <input type="checkbox"/> Opt Out <small>(See Courtesy Pay Program Disclosure for important information relating to this optional service)</small>		
<input type="checkbox"/> Freedom Checking (No monthly fees, E-Statements required) <input type="checkbox"/> Thrift Checking (\$100 minimum balance) <input type="checkbox"/> Premier Checking (\$2,000 minimum balance)	<input type="checkbox"/> Penny On-Line (Online Banking) Required with Freedom Checking Username: _____ <small>Must be 3-20 characters, have no special characters (spaces, dashes, etc.), and start with a letter.</small>	<input type="checkbox"/> VISA Debit Card (Requires a checking account) <input type="checkbox"/> Primary Account Member <input type="checkbox"/> Joint Account Owner(s)
<input type="checkbox"/> Penny On-Line Bill Pay <small>(Free with Freedom Checking or \$5 a month with any other checking account)</small>	<input type="checkbox"/> Holiday Club Saving <input type="checkbox"/> Vacation Club Savings <input type="checkbox"/> Money Market Account	<input type="checkbox"/> ATM Card (Savings account only) <input type="checkbox"/> Primary Account Member <input type="checkbox"/> Joint Account Owner(s)
		<input type="checkbox"/> Individual Retirement Account (IRA) <input type="checkbox"/> Share Certificate

Add Joint Member 1 Information <small>(All joint accounts are designated as accounts with rights of survivorship)</small>
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<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	Name: First	MI	Last	Suffix	Social Security No. (SSN) or ITIN	Date of Birth (MM/DD/YYYY)	
<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss							
<input type="checkbox"/> I do not wish to disclose								
Current Home Address: <small>Cannot Be a Post Office Box</small>	Street	City	State	Zip Code	Mother's Maiden Name			
Mailing Address: <small>If Different From Above Address</small>	Street	City	State	Zip Code	No. of Years at Residence			
Driver's License, Government ID, or State ID		State	Issue Date (MM/DD/YYYY)	Exp. Date (MM/DD/YYYY)				
ID No.				Cell Phone No.	Home Phone or Other Contact No.			
Email Address								

Joint Member 1 Employment Information
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Status	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired	Employer's Name	Job Title	Type of Business	No. of Years with Employer
	<input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Minor				
PSU Employees and Students	PSU Students Only	<input type="checkbox"/> Bachelors <input type="checkbox"/> Masters	PSU ID No. (If Applicable)	Expected Graduation Date	
PSU Campus: _____	<input type="checkbox"/> Doctorate <input type="checkbox"/> Post Doctorate <input type="checkbox"/> Visiting Fellow	<input type="checkbox"/> Post Doctorate <input type="checkbox"/> Visiting Scholar <input type="checkbox"/> Other: _____			

Please see reverse for additional Joint Member information, important disclosures, removal of account owner and for required signature(s).

Add Joint Member 2 Information (All joint accounts are designated as accounts with rights of survivorship)						
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> I do not wish to disclose	Name: First	MI	Last	Suffix	Social Security No. (SSN) or ITIN	Date of Birth (MM/DD/YYYY)
Current Home Address: Street Cannot Be a Post Office Box		City	State	Zip Code	Mother's Maiden Name	
Mailing Address: Street If Different From Above Address		City	State	Zip Code	No. of Years at Residence	
Driver's License, Government ID, or State ID ID No.		State	Issue Date (MM/DD/YYYY)		Exp. Date (MM/DD/YYYY)	
Email Address			Cell Phone No.		Home Phone or Other Contact No.	

Joint Member 2 Employment Information						
Status <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Minor	Employer's Name		Job Title	Type of Business	No. of Years with Employer	
PSU Employees and Students PSU Campus: _____	PSU Students Only <input type="checkbox"/> Doctorate <input type="checkbox"/> Post Doctorate <input type="checkbox"/> Visiting Fellow	<input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Visiting Scholar <input type="checkbox"/> Other: _____	PSU ID No. (If Applicable)		Expected Graduation Date	

Account Opening Disclosures and Agreement

Account Disclosures: By signing below, I/We acknowledge receipt of and agree to the terms and conditions of the Membership and Account Agreement, Courtesy Pay Program Disclosure, Funds Availability Policy Disclosure, Electronic Fund Transfers Agreement, Truth-in-Savings Disclosures, Schedule of Fees and Charges and Privacy Notice and to any amendment Penn State Federal makes from time to time, which are incorporated herein. I/We understand that Penn State Federal may restrict or suspend my/our access to products or services if I/we engage in conduct that is abusive to the credit union or its membership.

Consumer Reports: I/We authorize Penn State Federal to obtain a consumer credit report to evaluate my/our creditworthiness so that I/we may be considered for other Penn State Federal products and services. I/We also authorize Penn State Federal to obtain consumer reports for the purposes of evaluating this membership application and reviewing any Penn State Federal accounts I/we open. I/We understand these reports may be used in decisions to deny account applications, close accounts, and/or restrict accounts or services.

Identification: Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account, including joint

owners and authorized signers. *What this means for you:* When you open an account, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. It may be necessary for Penn State Federal to restrict account access pending further verification of your identity or

documentation related to your eligibility.

Statutory Lien: I/We acknowledge and pledge to Penn State Federal a statutory lien in my/our shares and dividends on deposit in all joint and individual accounts and any monies held by Penn State Federal now and in the future, to the extent of any loan made and any charges payable. The statutory lien does not apply to shares in any Individual Retirement Account.

Security Interest: I/We acknowledge and pledge to Penn State Federal a security interest in the collateral securing loan(s) that I/we have with Penn State Federal now and in the future, including any type of change or increase, and any proceeds from the sale of such collateral and of insurance thereon, not to exceed the unpaid balance of the loan. This security interest in collateral securing loans does not apply to any loan(s) on my/our primary residence.

Contractual Lien: I/We authorize Penn State Federal to transfer funds from any accounts in which I/we have an ownership interest to correct a negative or overdraw amount on any account on which my/our name(s) appear(s). My/Our authorization applies to all funds I/we voluntarily deposit into Penn State Federal accounts, including Social Security funds, as permitted by law.

Escheatment: I/We acknowledge that my/our property may be transferred to the appropriate state (i.e., "escheated") if there has been no activity on any of my/our accounts within the time period specified by state law.

Required Signatures and Tax Certification

By signing, I/we acknowledge that I/we have read and agree to the information/disclosure above.

Tax Certification (This certification does not apply if I have checked the box below my signature.) Under penalty of perjury, I certify that (1) the SSN/ITIN provided is correct, (2) I am not subject to backup withholding, and (3) I am a US Citizen or US resident alien.
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The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Primary Member (required)	Date (MM/DD/YYYY)	Signature of Added Member Owner 1 (if applicable)	Date (MM/DD/YYYY)
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By checking this box, I certify that I am a non-resident alien and I have completed a Form W-8BEN.

By checking this box, I certify that I am a non-resident alien and I have completed a Form W-8BEN.

Signature of Added Member Owner 2 (if applicable)	Date (MM/DD/YYYY)	<input type="checkbox"/> REMOVE ACCOUNT MEMBER
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By checking this box, I certify that I am a non-resident alien and I have completed a Form W-8BEN.

All account owners understand that the removal of a multiple party Account Owner requires signature of all owners and we hold Penn State Federal harmless for actions regarding account access. The removal of an owner relinquishes ownership interest including any member share in the account. This relinquishment does not affect my/our obligation on any loan account. (Fill out name to be removed and signatures.)

Printed Account Member Name to Remove (if applicable)	Date (MM/DD/YYYY)
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Removed Account Member Signature (if applicable)	Date (MM/DD/YYYY)
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For Penn State Federal Use Only		
OFAC Checked <input type="checkbox"/>	Verified <input type="checkbox"/>	Member Number:
Shares Opened:	MICR Number	
Open Date:	Opened by:	
<input type="checkbox"/> DRIVER'S LICENSE <input type="checkbox"/> PASSPORT	<input type="checkbox"/> PAYSTUB <input type="checkbox"/> OFFER LETTER	