PSSLAI
PUBLIC SAFETY SAVINGS AND LOAN ASSOCIATION, INC.
SINCE 2003

MEMBERSHIP APPLICATION AND ACCOUNT OPENING FORM

Member No.	Account No.	Date Accomplished (mm dd yyyy)	Submitted to (Name of Branch/Office)	2 x 2 ID Picture
☐ New ☐ Update	☐ Regular ☐ Associate	☐ Single Account ☐ Joint Account ____AND Account ____OR Account ☐ ITF Account ____AND Account ____OR Account		
☐ CapCon ☐ PSA ☐ CASA ☐ Others _____				

Member's Name
Rank Surname First Name Middle Name Suffix

Present Address ( ) owned ( ) rented
Building Unit/House No. Street Barangay/Village Municipality City Province ZIP Code

Permanent Address
Building Unit/House No. Street Barangay/Village Municipality City Province ZIP Code

Mother's Maiden Name
Surname First Name Middle Name

Name of Employer/Business if Self-Employed

Office/Business Address
Building Unit/House No. Street Barangay/Village Municipality City Province ZIP Code

Nationality | Sex | Civil Status

Birth Date (mm dd yyyy) | Birth Place (Barangay Municipality City Province)

Tel. No. | Mobile No.

E-mail Address

TIN | PhilSys No.

Sources of Funds (Salary, Pension, Business, Inheritance, Others)

Nature of Work/Business | Work/Business Contact No.

Do you have a relative who is currently a PSSLAI member? If yes,
Member Number: _____
Name: _____
Relationship to Member: _____

LEGAL BENEFICIARIES

NAME	BIRTH DATE	RELATIONSHIP	CONTACT NO.

CO-DEPOSITORS/TRUSTORS

Name of Co-Depositor/Trustor
Surname First Name Middle Name Suffix

Name of Co-Depositor/Trustor
Surname First Name Middle Name Suffix

Please honor the following signature/s in the payment of funds or transaction of other business on my/our account subject to the instructions given:

( ) ANY ONE Member Signature | ( ) ANY TWO Co-Depositor/Trustor Signature | ( ) ALL Co-Depositor/Trustor Signature

1. _____ 2. _____ 3. _____
1. _____ 2. _____ 3. _____
1. _____ 2. _____ 3. _____

I/We hereby agree to be governed by the regulations of PSSLAI to this Account and its policy that a member can maintain one primary CC/PSA/CASA account and can be co-depositors to the other accounts within the family group. Kindly honor the signature of the person/s above and whose signatures appear thereon as a CO-DEPOSITOR. As a CO-DEPOSITOR, the above-named person/s shall have the right and the authority to make official transactions concerning said account, including, but not limited to the making of deposits, withdrawals or transact loans from the same, unless a written and notarized instruction to the contrary is issued by me or by the said CO-DEPOSITOR or unless authorized by a court of competent authority. Pursuant to the aforesaid authority, any of the above-named co-depositor/s is likewise authorized to sign on my behalf the Declaration of Shares/Ownership for loan purposes in compliance with BSP Circular No. 1026 (S-2018), and such other declaration shall be considered binding upon all co-depositors as if signed and executed by all of us.

✓ _____ Signature of Primary Member | _____ Signature of Co-Depositor/Trustor | _____ Signature of Co-Depositor/Trustor

SURVIVORSHIP AGREEMENT

Upon death of any of the co-depositor/s the whole amount of the funds shall belong to the surviving co-depositor/s and may forthwith be withdrawn by the latter, within the limits prescribed by law.

I freely execute this agreement this _____ day of _____ year _____.

_____ Signature of Primary Member | _____ Signature of Co-Depositor/Trustor | _____ Signature of Co-Depositor/Trustor

AGREEMENT

1. I hereby apply for membership in PSSLAI. If this application is approved, I agree and pledge to abide by the Articles of Incorporation, By-Laws, Rules & Regulations and Policies & Procedures of the Association and the Bangko Sentral ng Pilipinas.
2. I understand and agree that I shall have and maintain only one membership account under my name in PSSLAI. In the event that the Association finds that I have other existing membership, I authorize PSSLAI to immediately terminate said double membership and close all accounts under such membership in accordance with the Association's policies.
3. I fully recognize the PSSLAI's authority to reject, deny or terminate my membership for a purpose at any given point in time, without prior notice to me in order to safeguard the interest of the General Membership.
4. It is my responsibility to promptly inform PSSLAI of any changes and update my personal information and I hereby hold PSSLAI free and harmless from any loss as a result of my failure to update or disclose any of my personal information.
5. I understand that the PSSLAI may demand from me to submit or update any document as part of its documentary requirements.
6. I declare under the penalties of perjury that the information I provided covering this application has been made in good faith, and to the best of my knowledge and belief, is true and correct based on authentic records.
7. I hereby acknowledge that a membership card shall be issued to me by the PSSLAI upon approval of my membership application. The membership card is a requirement for all transactions of the Association and I hereby bind myself liable for all obligations and liabilities incurred using the PSSLAI membership card. Furthermore, I agree with the TERMS AND CONDITIONS governing the issuance of the PSSLAI Membership Card.
8. I hereby authorize PSSLAI to transfer funds from my Capital Contribution Account to my Cash Advance Storage Account (CASA) if already existing, or to open said account on my behalf, for the aforesaid purpose, in the event that I exceed the maximum deposit ceiling based on the quarterly and total maximum placement limits of Capital Contribution as set by PSSLAI. The said authorization to open CASA likewise extends to crediting my loan proceeds, dividend, and advances or for any purpose as authorized by the Association's policy.
9. I/We further authorize PSSLAI to deduct from any of my/our existing accounts, whether used singly or jointly with my/our co-depositor/s, the full amount due to the Association for the payment of obligation arising from any contract or agreement.
10. I/We understand and agree that in case of death, all my/our accounts with PSSLAI, including account/s held jointly with co-depositor/s without regard to any account sharing or ownership declaration, shall be subject to estate tax pursuant to existing laws.
11. In the event of death, whatever benefits that may have accrued to me as a member shall be released or be made available to my legal beneficiaries upon compliance with and pursuant to the PSSLAI rules, regulations, and applicable laws.
12. I hereby confirm that I voluntarily disclosed the above information pertaining to my person and hereby authorize PSSLAI, its officers, employees or representatives to collect/provide information from/to my Branch of Service or Employers and use the same information, personal or sensitive as defined under R.A. No. 10173, in connection with my membership/loan application, capital contribution and deposit placements, loyalty rewards program, and for all other legitimate purposes connected to the foregoing. I further confirm that I had authorized my Branch of Service or Employers to provide all necessary information to PSSLAI relative to the above-mentioned.

✓ _____
SIGNATURE OVER PRINTED NAME
MEMBER/TRUSTOR

DO NOT WRITE BELOW THIS LINE *(For PSSLAI use only)*

Presented IDs:	Risk Ranking: ( ) LOW ( ) NORMAL ( ) HIGH	Remarks:	Encoded and Authenticated by:	Place Code:	Date Encoded:
ID No.:					

THIS FORM IS NOT FOR SALE

PSSLAI VISA CARD, *iTrack*, AND OTHER ELECTRONIC SERVICES

1. Would you like to enroll your mobile number to PSSLAI's iTrack facility? It's FREE!
   The PSSLAI iTrack facility is an SMS based service that allows members to track their accounts and transfer funds via a mobile phone even without internet connection.

   ☐ Yes, please enroll this mobile number: _____ ☐ No

2. Would you like to avail of a PSSLAI VISA card? ☐ Yes ☐ No
   The PSSLAI VISA card, a co-branding project with UnionBank's EON, enables members to have a secured access to their loan proceeds and transfer funds from their accounts.

   A. Kindly check your preferred card: ☐ Generic ☐ Personalized
   A member is entitled to one (1) card only whose variant will be based on the level of total deposit of the member in the Association during the time of application. For joint accounts, only the principal accountholder is eligible to avail the PSSLAI VISA Card.

   B. Name on Card (Must not exceed 23 characters, including spaces):

   C. Please debit the card fee (P150) from my: ☐ CapCon ☐ PSA ☐ CASA ☐ Others_____

   D. Please deliver my PSSLAI VISA card to: ☐ Head Office ☐ Camp Crame Branch ☐ Satellite Office: _____

SWORN DECLARATION AND UNDERTAKING RELATING TO APPLICATION AND ENROLLMENT IN THE PSSLAI VISA CARD, *iTrack* , AND OTHER ELECTRONIC SERVICES

I, Filipino, of legal age, single/married, and a bonafide member of the Public Safety Savings and Loan Association, Inc. (PSSLAI), under oath, hereby declare that:

1. I possess the legal capacity to execute the instrument and I am not suffering from any incapacity under the law;
2. I have enrolled in the PSSLAI iTrack and other electronic services (eServices) facility through registration of my 10-digit SIM (Subscriber Identity Module) number, membership number, and/or email address which may serve as my user identification under the iTrack and other eServices such as but not limited to the PSSLAI Bilis Online, PSSLAI Bilis Mobile app, and Kiosk;
3. I understand and agree that I may avail of the PSSLAI VISA card, iTrack, and other eServices for as long as it is offered by the PSSLAI and provided that I continue to be qualified under its terms and conditions;
4. I understand and agree that any violation or breach of the terms and conditions as well as my undertakings herein set forth may result in the immediate temporary or permanent suspension, cancellation or revocation by the PSSLAI of my use, access and/or availment of the PSSLAI VISA card, iTrack and other eServices;
5. I confirm that I have been apprised of and have fully been informed of the terms, mechanics and workings of the PSSLAI VISA card, iTrack, and other eServices, as well as the benefits and risks of enrolling in, availing of and/or using the same, including the applicable charges corresponding to each service, prior to the application and enrollment in the PSSLAI VISA card, iTrack, and other eServices and executing this Sworn Undertaking in relation to the same;
6. I understand and agree that all transactions, data and information relating to my account, deposit and/or investments which are facilitated, transmitted, coursed through, conveyed and/or recorded through the PSSLAI VISA card, iTrack, and other eServices as well as the PSSLAI VISA card Personal Identification Number (ATM PIN), which I nominated through the PSSLAI Bilis Online or PSSLAI Bilis Mobile app, iTrack Mobile Personal Identification Number (MPIN) provided by me for accessing iTrack, and the Membership Card with Personal Identification Number (PIN) provided to me for accessing the Kiosk (hereafter collectively referred to as the "Information"), are highly confidential in nature and that it is my sole responsibility to ensure the confidentiality and security of the information. I, therefore, undertake to observe extraordinary diligence in protecting/securing the information from third parties, including the Government and its offices, agencies or instrumentalities as well as the courts of law and officials, employees and agents of the latter;
7. I understand that any information personal or sensitive as defined by **R.A. No. 10173** shall be collected, used and processed by PSSLAI to pursue its legitimate interest as a savings and loan association. I also authorize the Association to disclose my information to accredited/affiliated third parties for purposes of enforcing and/or implementing the provisions of any agreement that I may have executed with it, including but not limited to Promissory Notes, Deeds of Undertaking and Special Power of Attorney (SPA). I hereby confirm that by providing personal data, I agree to be bound by the PSSLAI Privacy Notice found in **www.psslai.com**;
8. I likewise understand that the information is covered by the Bank Secrecy Laws of the Philippines, **Section 6** of **Republic At No. 8367** (*The Revised Non-Stock Savings and Loan Associations Act of 1997*) and **Section 4652s (Confidential Information)** of the ***Regulations Governing Non-Stock and Savings and Loan Associations*** *under the Manual of Regulations For Non-Bank Financial Institutions (MORNBFI)* issued by the Bangko Sentral ng Pilipinas (BSP). Therefore, I expressly undertake not to disclose or divulge the information or any portion thereof to third parties including the Government and its offices, agencies or instrumentalities, as well as any court of law and officials, employees and agents of the latter without coordinating with the PSSLAI and securing its written consent to such disclosure;
9. I hereby authorize PSSLAI to facilitate all transactional requests, inquiries and responses communicated using my enrolled/registered 10-digit SIM number and/or email address in all PSSLAI eServices such as but not limited to the PSSLAI Bilis Online, PSSLAI Bilis Mobile App, and Kiosk;
10. I authorize PSSLAI to recognize and honor my nominated usernames and passwords that may be required by all PSSLAI eServices and hereby accept full responsibility for all transactions executed using my nominated username and passwords;
11. I authorize PSSLAI to use my electronic/digital signature as communicated to and from my enrolled 10-digit SIM number and/or email address in the event that such is required by PSSLAI;
12. I hereby accept full responsibility and accountability for all instructions under the iTrack and eServices that come from and/or are executed via my 10-digit SIM number. I understand that the PSSLAI shall consider as lawful, valid and binding upon myself and the Association any instructions made and coming from my 10-digit number corresponding to the SIM card registered under my account in iTrack and eServices and that my liability shall not be affected, diminished, or obliterated by the fact that the account be accessed without my consent or knowledge. The PSSLAI shall not be obliged to investigate the authenticity of the instructions bearing my said 10-digit SIM number. I understand and agree, however, that the PSSLAI may, if it deems necessary, verify any such instructions with me via telephone or any other means of communication;
13. I have provided herein an email account that I maintain and use myself, and for which I am fully responsible and accountable. Thus, the Association shall honor any request communicated through the email account indicated in this enrollment form or in my membership profile;
14. I expressly undertake to hold the PSSLAI or any of its officers, employees, agents or assignees free and harmless from any liability, charges or obligation arising from my enrolment in availment of and use of the PSSLAI VISA card, iTrack, and eServices as well as from any unauthorized action or transaction coming from the 10-digit SIM number and email address registered under my account in the PSSLAI VISA card, iTrack, and eServices. I likewise expressly undertake to hold the PSSLAI or any of its officers, employees, agents or assignees free and harmless from any liability, charges or obligation arising from the use of information under the PSSLAI VISA card, iTrack, and eServices as well as the disclosure upon intentional or unintentional causes, of the information or any portion thereof to third parties;
15. In connection with my enrolment in and availment of the PSSLAI VISA card, iTrack, and eServices, I hereby authorize the PSSLAI or any of its officers, employees, agents, and/or assignees the right to inspect or audit the enrollee for the purpose of validating strict compliance with the obligations herein whenever such are relevant, for verification, records reconciliation and audit purposes or whenever such is necessary to improve the services under the PSSLAI VISA card, iTrack, and eServices or to troubleshoot and/or correct or attend to any error, malfunction or complaint by me relating to my availment and use of the PSSLAI VISA card, iTrack, and eServices (hereafter, the "Examination"). For the said purpose, I expressly undertake to hold the PSSLAI or any of its officers, employees, agents, and/or assignees free and harmless from any liability, charges or obligation for official actions in connection with the "Examination";
16. I understand and agree that the PSSLAI may cancel and/or refuse to execute any of my instructions via the PSSLAI VISA card, iTrack, and eServices at any time, without prior notice, without the PSSLAI incurring any liability, if such instructions are, as evaluated by the PSSLAI, against the law or regulations, or detrimental to the Association;
17. I understand that PSSLAI may require the submission or update any document necessary as part of its documentation requirements in relation to this application;
18. In the event of change in enrolled iTrack number, email address or other secured identification numbers and processes to be implemented in the future, said request shall be supported by either of the following:
    - A written request from the member if change request shall be made over the counter; or
    - A request concurrence if change is made through the Kiosk using the membership ID and other secured applications using biometrics;
19. It is my responsibility to inform PSSLAI with regard to changes or updates in my personal information. I hereby hold PSSLAI free & harmless from any loss, pecuniary or otherwise, as a result of my failure to update or disclose any of my personal information;
20. In the event of a lost SIM, I agree and understand that I should notify PSSLAI through its Member Care Hotline at 0998-9622081, 0917-8567443, and 0925-5457493 or membercare@psslai.com and for lost PSSLAI VISA card email my concern to visamarketing@psslai.com. Upon PSSLAI's receipt of report, I understand that I will be temporarily disconnected from the PSSLAI VISA card, iTrack, and eServices;
21. I expressly undertake to make use of the PSSLAI VISA card, iTrack, and eServices solely for lawful purposes and transactions;
22. I understand and agree that there will be charges per text/transaction to be debited from any of my PSSLAI Account pertaining to my application and any change that I may request;
23. I also understand that I will be charged the necessary fees for reactivation/change of iTrack Number, Email address, replacement of lost PSSLAI VISA card, and other details done via eServices, via personal request, or any other future processes to be implemented by the Association; and
24. I declare under the penalties of perjury that all information I made covering this application has been made in good faith and to the best of my knowledge and belief, is true and correct based on authentic records.

I declare that I have read this document and have fully understood its contents after the same has been explained to me in the vernacular. I further declare that I have voluntarily and willingly executed this sworn document with full knowledge of my rights under the law.

IN WITNESS WHEREOF, I have hereunto affixed my signature this _____ day of _____ 20_____ at _____, Philippines.

✓

Signature over Printed Name of Member

ACKNOWLEDGEMENT

BEFORE ME, a Notary Public for _____, this ____ day of _____, 20____, personally appeared the foregoing with their current identification documents issued by an official agency/Philippine government office bearing their photographs and signatures as indicated below the names shown above as competent proofs of their identities, both known to me to be the same persons who executed the foregoing Agreement and they acknowledged to me that the same is their free and voluntary act and deed.

IN WITNESS WHEREOF, I set my hand and seal on the date and place above-written.

Notary Public

Doc No. _____
Page No. _____
Book No. _____
Series of 20____