



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 | | |
| <input type="checkbox"/> New <input type="checkbox"/> Update | | <input type="checkbox"/> Regular <input type="checkbox"/> Associate | | <input type="checkbox"/> Single Account <input type="checkbox"/> Joint Account <input type="checkbox"/> ITF Account | | <input type="checkbox"/> AND Account <input type="checkbox"/> AND Account | | | | |
| <input type="checkbox"/> CapCon <input type="checkbox"/> PSA <input type="checkbox"/> CASA <input type="checkbox"/> Others _____ | | | | <input type="checkbox"/> OR Account <input type="checkbox"/> OR Account | | <input type="checkbox"/> OR Account <input type="checkbox"/> OR Account | | | | |
| Member's Name Rank Surname First Name Middle Name Suffix | | | | | | Nationality | | Sex | Civil Status | |
| Present Address () owned () rented Building Unit/House No. Street Barangay/Village Municipality City Province ZIP Code | | | | | | Birth Date mm dd yyyy | | Birth Place Barangay Municipality City Province | | |
| Permanent Address Building Unit/House No. Street Barangay/Village Municipality City Province ZIP Code | | | | | | Tel. No. | | Mobile No. | | |
| | | | | | | E-mail Address | | | | |
| Mother's Maiden Name Surname First Name Middle Name | | | | | | TIN | | | | PhilSys No. |
| | | | | | | Sources of Funds (Salary, Pension, Business, Inheritance, Others) | | | | |
| Name of Employer/Business if Self-Employed | | | | | | Nature of Work/Business | | Work/Business Contact No. | | |
| | | | | | | Do you have a relative who is currently a PSSLAI member? If yes, | | | | |
| Office/Business Address Building Unit/House No. Street Barangay/Village Municipality City Province ZIP Code | | | | | | Member Number: _____ | | | | |
| | | | | | | Name: _____ | | | | |
| | | | | | | Relationship to Member: _____ | | | | |
| LEGAL BENEFICIARIES | | | | | | | | | | |
| NAME | | | | BIRTH DATE | | RELATIONSHIP | | CONTACT NO. | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 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 () ANY TWO () ALL Member Signature Co-Depositor/Trustor Signature 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. | | | | | | | | | | |
| <input checked="" type="checkbox"/> | | | 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. | | | | | | | | | | |
| <div>✓</div> <div>SIGNATURE OVER PRINTED NAME MEMBER/TRUSTOR</div> | | | | | | | | | | |
| DO NOT WRITE BELOW THIS LINE (For PSSLAI use only) | | | | | | | | | | |
| Presented IDs: ID No: | | Risk Ranking: () LOW () NORMAL () HIGH | | Remarks: | | Encoded and Authenticated by: | | Place Code: | Date Encoded: | |
| Public Safety Savings and Loan Association Inc. (PSSLAI) is authorized by the Bangko Sentral ng Pilipinas with telephone number (02) 8708 7087 and email address at consumeraffairs@bsp.gov.ph | | | | | | | | | | |
| MMRCD-MAAOF-2024-01 | | | | | | | | | | |
| Kaagapay sa Pag-angat sa Buhay! | | | | | | | | | | |
| www.psslai.com | | | | | | | | | | |