

Member No. _____	<h1 style="margin:0;">PSSLAI</h1>	Account No. _____
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( ) Capcon	( ) PSA	( ) PDA	( ) CASA	( ) STD	Others _____
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( ) Regular	( ) Associate	( ) Single Account	( ) Joint Account	( ) New	( ) Update
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Primary Member's Name: _____  _____ (Rank)      _____ (Surname)      _____ (First Name)      _____ (Middle Name)	Nationality: _____ Birth Date: _____ Birth Place: _____
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Present Address: _____ _____ _____ ( ) owned      _____ ( ) rented	Sex: _____ Civil Status: _____ TIN: _____
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Permanent Address: _____ _____	Tel. No. _____ Cell No. _____ E-mail: _____
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Nature of work: _____	Name of Employer: _____	Nature of Business if Self-Employed: _____	Sources of Funds: _____
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Name of Co-depositor/Trustor _____ _____ (Surname)      _____ (First Name)      _____ (Middle Name)	Type of Account: <input type="checkbox"/> AND Account <input type="checkbox"/> OR Account <input type="checkbox"/> ITF Account _____ And Account _____ Or Account
Name of Co-depositor/Trustor _____ _____ (Surname)      _____ (First Name)      _____ (Middle Name)	

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

( ) ANY ONE	( ) ANY TWO	( ) ALL
Primary 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 one member can only maintain one CC/PSA/PDA/CASA account. 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 written and notarized instructions 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-depositors has likewise authorized to sign on my/our behalf, the Declaration of shares/ownership for loan purposes, in compliance with BSP Circular No. 1026 (S-2018), and such declaration shall be considered binding upon all co-depositors as if signed and executed by all of us."

Signature (Please sign within the box) _____	1 x 1 ID Picture
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**Do not write below this line - For PSSLAI use only**

Presented IDs :	Risk Ranking: <input type="checkbox"/> LOW <input type="checkbox"/> NORMAL <input type="checkbox"/> HIGH	Authenticated by:  Approved by:
Remarks:		

## 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 fully recognize the PSSLAI's authority to reject, deny or terminate my membership at any given point in time without prior notice to me in order to safeguard the interest of the General Membership.
3. It is my responsibility to inform PSSLAI with regard to changes and update of my personal information.
4. I hereby waive my right to file for any damage as a result of my failure to update or disclose any of my personal information.
5. I understand that the PSSLAI may demand to submit or update any document it may require as part of its documentary requirements.
6. 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.
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 with the use of 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 existing account/s or to open on my behalf such deposit account for the purpose in accordance with the Association's policy, 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.
9. I fully understand that in case of my demise, the laws of succession will apply in accordance with the Civil Code of the Philippines.
10. I hereby designate the following as my beneficiaries to whatever benefits may accrue to me as member of the Association in the event of death pursuant to PSSLAI rules and regulations:

NAME	BIRTHDATE	RELATIONSHIP	CONTACT NO.

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  
PRIMARY MEMBER/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 Joint Depositor

\_\_\_\_\_  
Signature of Joint Depositor

\_\_\_\_\_  
Signature of Joint Depositor

For inquiries and comments, you may contact our Customer Service at 09989622081, 09255457493 and 09178567443 or send an email to [customercare@psslai.com](mailto:customercare@psslai.com) or [fb.com/psslai](https://fb.com/psslai). Public Safety Savings and Loan Association, Inc. (PSSLAI) is regulated by the Bangko Sentral ng Pilipinas with telephone number (02) 708-7087 and email address: [consumeraffairs@bsp.gov.ph](mailto:consumeraffairs@bsp.gov.ph).