
Please complete the required fields below. For joint accounts, ensure that all details for both account holders are included.

PRIMARY ACCOUNT HOLDER

Title: _____ First Name: _____ Middle Name *(if applicable)*: _____
Last Name: _____ Email: _____
Primary Address: _____ City: _____
State: _____ ZIP Code: _____
Mobile: _____ Pibank Savings Account Number *(last 5 digits only)*: _____

JOINT ACCOUNT HOLDER INFORMATION *(if applicable)* — Please provide the same details as the primary account holder.

Title: _____ First Name: _____ Middle Name *(if applicable)*: _____
Last Name: _____ Email: _____
Primary Address: _____ City: _____
State: _____ ZIP Code: _____
Mobile: _____ Pibank Savings Account Number *(last 5 digits only)*: _____

REPRESENTATIVE INFORMATION *(if applicable)*

(To be completed only if the complaint is submitted through a Pibank customer service representative.)

COMPLAINT DETAILS

For your security, please do not enter personal identifiable information like your Social Security Number or your date of birth.

Comments: Please provide a detailed description of the issue or circumstances related to your complaint, including specific dates as applicable.



REQUESTED RESOLUTION

Clearly state the resolution or action you are requesting.

SUPPORTING DOCUMENTATION RELATED TO THIS CASE

Attach any supporting document(s) related to this claim (If applicable).

NOTE: A clear and legible scanned copy of your valid identification document (front and back) must be included. Acceptable forms of identification include a driver's license, passport, or a state-issued ID.

Please proceed to submit this complaint by one of the following two (2) ways:

1) If you are mailing your complaint, please send it to the following mailing address:

**Intercredit Bank N.A.
Attn.: Pibank USA
396 Alhambra Circle Suite 250
Coral Gables, FL 33134**

2) Email your complaint form along with any supporting documentation to: **claims@pibank.com**

IMPORTANT NOTICE

All fields in this form must be completed. Incomplete forms may result in delays or prevent the processing of your complaint or claim.

I certify that the information provided in this form is accurate, complete and true.

Print Name: _____ Date: _____

Signature: _____

For Internal Staff Use Only:

Date Complaint Received by Pibank: _____ Complaint # Assigned: _____



LEGAL DISCLOSURE

By submitting this complaint form ("Form"), you represent and warrant that all information provided is true, accurate, and complete to the best of your knowledge. You acknowledge that the details and any accompanying documentation may be used by Pibank, a brand of Intercredit Bank, N.A., to investigate and resolve your complaint in accordance with applicable federal and state laws, as well as our internal policies.

Consent to Use of Information

By completing and submitting this Form, you consent to the collection, use, and retention of your personal data and any supporting documents in accordance with our Privacy Policy and relevant privacy laws.

Verification and Investigation

Pibank reserves the right to verify the authenticity of all information provided. Should Pibank's investigation reveal that any information is false, misleading or incomplete, Pibank may in its sole and unbridled discretion, suspend the processing of your complaint until accurate and complete information is provided or deny your complaint without any further opportunity for you to submit the accurate and complete information.

No Attorney-Client Relationship or Legal Advice

This Form is intended solely to initiate the complaint process and does not constitute an attorney-client relationship. The submission of your complaint is not an admission of any liability on the part of Pibank, and no legal advice or interpretation is provided through this process.

Acceptance of Terms

By agreeing to the submission of this Form, or otherwise providing your complaint and any supporting documentation, you acknowledge that you have read, understood, and accepted the terms of this Legal Disclosure. You agree to cooperate with any further investigation and provide additional documentation if requested.

Important Notices:

- Do not include additional personal information beyond what is requested (e.g., Social Security numbers or non-public details) in this Form.
- All fields in the complaint form must be completed. Please be advised that incomplete forms may result in delays or prevent the processing of your complaint.

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