

Welcome to Valley National Bank! We realize your time is very important, so please take a moment to complete the below information. This will allow us to serve you more quickly and efficiently. When you return these forms to us, we will need to see a form of identification, such as a driver's license, and your business tax identification number to complete your account opening process.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:

To help the government fight the funding of terrorism and money laundering activities, beginning October 1, 2003, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: when you open an account, we will ask for information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

PRIMARY ACCOUNT HOLDER

| | | | | |
|--|---|-----------|---|---|
| First Name | Middle Name | Last Name | Suffix | Social Security Number |
| Street Address | | | | Date of Birth |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No U.S. Citizen? |
| City | State | Zip Code | Mother's Maiden Name | |
| Mailing Address (if different from Street Address) | | | | Driver's License Number |
| | | | | Issuing State |
| City (if different from Street Address) | State | Zip Code | Issue Date | Expiration Date |
| Employer | Occupation | | Work Phone | |
| How would you preferred to be contacted? | <input type="checkbox"/> Email: _____ <input type="checkbox"/> Cell Phone: _____ | | <input type="checkbox"/> Daytime Phone _____ <input type="checkbox"/> Other: _____ | |

SECONDARY ACCOUNT HOLDER

| | | | | |
|--|---|-----------|---|---|
| First Name | Middle Name | Last Name | Suffix | Social Security Number |
| Street Address | | | | Date of Birth |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No U.S. Citizen? |
| City | State | Zip Code | Mother's Maiden Name | |
| Mailing Address (if different from Street Address) | | | | Driver's License Number |
| | | | | Issuing State |
| City (if different from Street Address) | State | Zip Code | Issue Date | Expiration Date |
| Employer | Occupation | | Work Phone | |
| How would you preferred to be contacted? | <input type="checkbox"/> Email: _____ <input type="checkbox"/> Cell Phone: _____ | | <input type="checkbox"/> Daytime Phone _____ <input type="checkbox"/> Other: _____ | |

How did you hear about Valley National Bank?

| | | |
|--|---|--|
| <input type="checkbox"/> Outdoor Banner <input type="checkbox"/> Mailing <input type="checkbox"/> Friend | <input type="checkbox"/> On the web: _____ (Name of website) | <input type="checkbox"/> Other _____ (Please specify) |
|--|---|--|