

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT - To help the

government fight the funding of terrorism and money laundering activities, 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 your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Instructions

- 1. Complete all information below.
- 2. Take a clear copy of your identification. Acceptable forms of identification include: State Driver's License, State Identification Card, Military Identification or Passport.
- 3. Submit your application and identification using *one* of the following methods:
 - a. Fax your application and copy of your identification to 484-586-3531.
 - b. Mail your application and copy of your identification to the following address: Meridian Bank Attn: Deposit Operations 9 Old Lincoln Hwy Malvern, PA 19355
- 4. A Meridian Bank representative will contact you within 2 business days of receiving your request.

| | | Re | quest Det | ails | |
|--------------------|-------------------------------------|----------------------|--------------|-----------------------------------------|-------------------------|
| Select Account: | Account Type: | Relationship: | | Purpose of Account (ex. Household): | Opening Deposit: |
| | Free Interest Checking* | \Box Individual | 🗆 Joint | | \$ |
| | Essential Savings* | \Box Individual | □ Joint | | \$ |
| | Relationship Checking* | \Box Individual | □ Joint | | \$ |
| | Meridian Money Market* | \Box Individual | □ Joint | | \$ |
| *Visit our website | at <u>www.meridianbanker.com</u> fo | or Account Details, | current rate | s and APY information | |
| Funding Option | s: 🗆 Check | □ Wire | | □ ACH Transfer | |
| | Mail check with | Send wire to: | | I authorize Meridian Bank to initiate a | n ACH transfer from |
| | application to: | Meridian Bank | | my account using the following inform | nation: |
| | Meridian Bank | 9 Old Lincoln H | 2 | Bank Name: | |

| Meridian Bank | 9 Old Lincoln Hwy |
|--------------------------|-------------------|
| Attn: Deposit Operations | Malvern, PA 19355 |
| 9 Old Lincoln Hwy | ABA: 031918828 |
| Malvern, PA 19355 | Account # 7770722 |
| | FC to Deposit Ops |

Bank ABA:

Name on Account:

Account Number:

Account Type: \Box Checking \Box Savings

Account Activity

| Estimated Monthly | y Average Deposits | 3: |
|-------------------|--------------------|----------|
| Туре | Amount | Quantity |
| Cash | | |
| Domestic Wires | | |
| Foreign Wires** | | |
| ACH | | |

Estimated Monthly Average Withdrawals:

| Amount | Quantity |
|--------|----------|
| | |
| | |
| | |
| | |
| | Amount |

**Reason for foreign wire activity?

How did you hear about Meridian Bank? □Event □Online □Newspaper □Email □Mailing □Other (Please specify):



| | | \Box Yes \Box N | | | |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------|
| Name (First, M., Last) | | Are you a US C | 'itizen? Social | Security Number | Date of Birth |
| Current Street Address ³ | Apt, Unit, PO Box | City | | State | Zip |
| Email Address | | Home Phone | Cell Phor | ne | Work Phone |
| | | | Yes □No | | |
| Driver's License No. DL State | DL Issue Date DL Exp | piration Date Ar | e you or are you relate | ed to a senior foreig | gn political figure? |
| Employment Status (Choose One) | : □Employed □Unemp | loyed | GHomemaker | □Student | |
| **If retired, please list your previous emp | oloyer and occupation | | | | |
| | | | | | |
| Occupation/Job Title | | Employer | | | |
| • | | | | | |
| | | | | | |
| By checking this box, I certify the | hat everything stated on this | form and on any at | tachments is true a | nd correct. | |
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| ³ If mailing address is a PO Box, your phys | sical street address must be inclue | ded also. | | | |
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| ³ If mailing address is a PO Box, your phys | sical street address must be inclue | ded also. | opy of ID requ | | |
| ³ If mailing address is a PO Box, your phys | sical street address must be inclue | ded also. Information (C | opy of ID requ | | Date of Birth |
| ³ If mailing address is a PO Box, your phys | sical street address must be inclue | ded also. Information (C | opy of ID requ | ired) | Date of Birth |
| ³ If mailing address is a PO Box, your phys J Name (First, M., Last) | sical street address must be inclue | ded also. Information (C | opy of ID requ | ired) | |
| ³ If mailing address is a PO Box, your phys J Name (First, M., Last) | sical street address must be inclue | ded also. Information (C | opy of ID requ | ired) Security Number | Date of Birth |
| ³ If mailing address is a PO Box, your phys J Name (First, M., Last) Current Street Address ³ | sical street address must be inclue | ded also. Information (C | opy of ID requ | ired) Security Number | |
| ³ If mailing address is a PO Box, your phys | sical street address must be inclue | ded also. Information (C UYes N Are you a US C City Home Phone | opy of ID requinations of the second | ired) Security Number | Zip |

**If retired, please list your previous employer and occupation

Occupation/Job Title

Employer

 \Box By checking this box, I certify that everything stated on this form and on any attachments is true and correct.

³ If mailing address is a PO Box, your physical street address must be included also.