



Santa Clara Valley Bank, N.A.

CONSUMER NEW ACCOUNT WORKSHEET

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.

ACCOUNT OWNERSHIP	<input type="checkbox"/> Individual <input type="checkbox"/> Totten Trust <input type="checkbox"/> Other: _____	<input type="checkbox"/> Joint Account <input type="checkbox"/> Tenancy in Common	<input type="checkbox"/> Trust <input type="checkbox"/> Community Property
ACCOUNT NAME(S) _____			
TAX IDENTIFICATION NUMBER TO BE USED _____ <small>(if different than first owner)</small>			
STREET ADDRESS _____ _____			
MAILING ADDRESS _____ <small>(If different from above)</small>			
SERVICES DESIRED	<input type="checkbox"/> Checking Account <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Bill Payment*	<input type="checkbox"/> Savings Account <input type="checkbox"/> Safe Deposit Box <input type="checkbox"/> ATM or VISA® Debit Card*	<input type="checkbox"/> Money Market Account <input type="checkbox"/> Online Banking <input type="checkbox"/> Overdraft Protection

Information about the owner(s) on the Account (Use additional worksheets, if necessary)			
	FIRST OWNER		SECOND OWNER
NAME:			
STREET ADDRESS:			
CITY, STATE:			
SOCIAL SECURITY NO:			
HOME TELEPHONE NUMBER:			
BUSINESS TELEPHONE NUMBER:			
ALTERNATE TELEPHONE:			
DRIVERS LIC. OR ID NUMBER:			
DATE AND PLACE ISSUED:			
EXPIRATION DATE:			
EMPLOYER:			
OCCUPATION:			
BIRTH DATE:			
BIRTHPLACE:			
MOTHERS MAIDEN NAME:			
EMAIL:			

Bank Use:	ChexSystems	Date/State Issued _____ / _____	Date/State Issued _____ / _____
		Record _____ Retail _____	Record _____ Retail _____
Other Verification Used <input type="checkbox"/> Current Customer <input type="checkbox"/> LexisNexis <input type="checkbox"/> Credit Report <input type="checkbox"/> Other _____			

*Checking account required

MEMBER FDIC