

NEW CONSUMER ACCOUNT APPLICATION

ACCOUNT TYPE

Acct #: _____ Port #: _____	<input type="checkbox"/> Checking Valley Free Valley 300 Valley Preferred	<input type="checkbox"/> Valley Youth Savings <input type="checkbox"/> Valley Savings Valley Preferred Savings Health Savings Account ATM/ Debit Card	E-Statement CD IRA Lock Box Loan
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OWNERSHIP OF ACCOUNT

Account Ownership

Individual Joint-With Survivorship (and not as tenants in common) Custodial Politically Exposed Persons Nonresident Alien	<input type="checkbox"/> Joint-No Survivorship (as tenants in common) POD Name: _____ Address: _____ Address: _____
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INDIVIDUAL APPLICANT INFORMATION

Name Last _____ First _____ Middle Name _____ **SS#** _____
 Verified

Birth Date _____ **Mothers Maiden Name** _____

Drivers License # _____ **State of Issue** _____ **Issued:** _____ **Expires:** _____

Home Phone _____ **Cell Phone** _____

Home Address: Street _____ City/State _____ Zip _____

Mailing Address: Street/PO Box _____ City/State _____ Zip _____

***Previous Address:** Street _____ City/State _____ Zip _____
 (If less than 2 years)

***Reason if Address is Different:** _____

Email Address _____

Occupation _____ **Employer** _____ **Phone** _____
 If retired, previous occupation _____

Customer intends to engage in Virtual Currency activity.

JOINT APPLICANT INFORMATION

Name Last _____ First _____ Middle Name _____ **SS#** _____
 Verified

Birth Date _____ **Mothers Maiden Name** _____

Drivers License # _____ **State of Issue** _____ **Issued:** _____ **Expires:** _____

Home Phone _____ **Cell Phone** _____

Home Address: Street _____ City/State _____ Zip _____

Mailing Address: Street/PO Box _____ City/State _____ Zip _____

***Previous Address:** Street _____ City/State _____ Zip _____
 (If less than 2 years)

***Reason if Address is Different:** _____

Email Address _____

Occupation _____ **Employer** _____ **Phone** _____
 If retired, previous occupation _____

Customer intends to engage in Virtual Currency activity.

I certify that everything I have stated in the application and on any attachments is correct. By signing below I authorize you to check my credit account and employment history and/or have a credit reporting agency prepare a credit report on me. I also authorize you to take steps to verify my identity.

OFAC

Applicant's Signature Date

Joint Applicant's Signature Date

OFAC