



**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 and save a copy of the completed application to your computer.
2. Create an electronic copy of your identification by either scanning it to your computer or taking a picture of it with your phone. 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. [Click here](#) to launch our secure email message center and send it to info@meridianbanker.com. If this is your first time using Meridian's secure email, please register by providing your email address and creating a password. For your protection, only email using our secure email, which encrypts your personal information.
  - b. Send via secure message through NetTeller (existing Meridian Online Banking users):
    - Log into NetTeller. Click on Contact Bank in the upper-right corner of the NetTeller homepage. Select New. Enter CD Application in Subject line. Upload the files containing your application and a copy of your identification. Click Submit.
  - c. Fax your application and copy of your identification to 484-586-3531.
4. A Meridian Bank representative will contact you within 2 business days of receiving your request.

### Request Details

CD Selection:  18-Month Rate Boost<sup>1</sup>  6-Month Special<sup>1</sup> [Click here](#) for current rate and APY<sup>2</sup>

Amount (Min \$1,000) : \$ \_\_\_\_\_ Relationship:  Individual  Joint

Funding Options:  I will mail a check  I will send a wire  I authorize Meridian Bank to initiate an ACH transfer from my account using the following information:

Mail to: Meridian Bank Wire Instructions: Meridian Bank

Attn: Deposit Operations 9 Old Lincoln Hwy 9 Old Lincoln Hwy Malvern, PA 19355

Malvern, PA 19355 ABA: 031918828

Account # 1000021534

Bank Name: \_\_\_\_\_

Bank ABA: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type:  Checking  Savings

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Interest Payment Options:  Credit monthly interest back to principal  Send monthly interest payments to my account at another institution via ACH (Complete section above)

Additional Instructions: \_\_\_\_\_

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How did you hear about our CD Special?  Newspaper  Online  Branch  Email  Mailing  Other: \_\_\_\_\_

<sup>1</sup>Subject to early withdrawal penalties

<sup>2</sup>Annual Percentage Yield. Minimum daily balance of \$1,000 to earn APY



**Primary Account Owner Information (Copy of ID required)**

Yes  No  
 Name (First, M., Last) Are you a US Citizen? Social Security Number Date of Birth

Current Street Address<sup>3</sup> Apt, Unit, PO Box City State Zip

Email Address Home Phone Cell Phone Work Phone

Yes  No  
 Driver's License No. DL State DL Issue Date DL Expiration Date Are you or are you related to a senior foreign political figure?

Employment Status (Choose One):  Employed  Unemployed  Retired\*\*  Homemaker  Student  
**\*\*If retired, please list your previous employer and occupation**

Occupation/Job Title Employer

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

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

**Joint Account Owner Information (Copy of ID required)**

Yes  No  
 Name (First, M., Last) Are you a US Citizen? Social Security Number Date of Birth

Current Street Address<sup>3</sup> Apt, Unit, PO Box City State Zip

Email Address Home Phone Cell Phone Work Phone

Yes  No  
 Driver's License No. DL State DL Issue Date DL Expiration Date Are you or are you related to a senior foreign political figure?

Employment Status (Choose One):  Employed  Unemployed  Retired\*\*  Homemaker  Student  
**\*\*If retired, please list your previous employer and occupation**

Occupation/Job Title Employer

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

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