

Opt-out of Information Sharing with
Affiliates/Subsidiaries

I/We request that Investors Savings Bank limit the information that they share with affiliates and/or subsidiaries only to information as permitted by law.

Account
Name(s) _____

Address _____

Daytime Phone # _____

Please list all of the accounts you want to include in this request. You must be the primary name on the account to include it here; otherwise, please complete a separate form for other primary accountholders.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you need additional space, use the reverse side of this form or want to add accounts in the future, use a separate piece of paper and include all of the requested information.

Mail this completed form or separate request to:

Investors Savings Bank
ATTN: Retail Administration
101 JFK Parkway
Short Hills, NJ 07078

Telephone requests will not be accepted.