

VERIFICATION OF DEPOSIT REQUEST

REQUIRED/INVALID FIELD

FOR ENHANCED USER EXPERIENCE, PLEASE:

- Use TAB key to forward to next field;
- Disable all pop-up blockers within your browser setting;



REQUESTOR INFORMATION

TYPE OF REQUEST

RETURN METHOD (Select ONE)

DATE:

REQUESTOR/COMPANY NAME

ATTENTION

EMAIL ADDRESS FOR CONFIRMATION (Optional)

ADDRESS (U.S Addresses Only)

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

FAX NUMBER

CUSTOMER INFORMATION

CUSTOMER NAME (First Name, Last Name OR Company Name)

SSN/TAX ID (9 Characters-No Dashes)

AUTHORIZATION ATTACHED

DATE SIGNED

ACCOUNT TYPE (Select One)

ACCOUNT NUMBER

COLLATERAL DESCRIPTION (CPA Loan Requests Only)

BALANCE AS OF TYPE (Select One)

DATE (MM/DD/YYYY)

TO DATE (MM/DD/YYYY)

ACCOUNT TYPE (Select One)

ACCOUNT NUMBER

COLLATERAL DESCRIPTION (CPA Loan Requests Only)

BALANCE AS OF TYPE (Select One)

DATE (MM/DD/YYYY)

TO DATE (MM/DD/YYYY)

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BALANCE AS OF TYPE (Select One)

DATE (MM/DD/YYYY)

TO DATE (MM/DD/YYYY)

CHECKING/SAVINGS ACCOUNT TO CHARGE:

Reference #:

Customer Name:

This cover sheet must be submitted on the top of the fax documents so that the barcode is showing. Union Bank of California will be unable to process your request if this page is not on top.

Note: Be sure to send this fax only after you have submitted the form online, otherwise your request may be delayed.

Fax To: (323) 988-7391

Please review your package to ensure that the following information is contained in the documents:

- Union Bank of California's Verification of Deposit Request Form
- Signed and dated customer authorization (If applicable)

If you have any questions, please visit the Union Bank of California's website at www.unionbank.com/vod

This communication (including any attachments) may contain privileged or confidential information intended for a specific individual and purpose, and is protected by law. If you are not the intended recipient, you should shred the materials and any attachments, and you are hereby notified that any disclosure, copying, or distribution of this communication or the taking of any action based on it, is strictly prohibited. Thank you.

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SSN/TAX ID (9 Characters-No Dashes)

1

2

AUTHORIZATION ATTACHED

DATE SIGNED

CHECKING/SAVINGS ACCOUNT TO CHARGE:

It is the policy of Union Bank of California, N.A., and Bank affiliates, including UnionBanc Investment Services, LLC, a SEC registered broker-dealer and a wholly-owned subsidiary of Bank, to deliver the completed request for Verification of Deposits (whether on the Bank's own form or on a non-Union Bank request form, each a "Verification") directly to the Requestor / Addressee ("Requestor") named therein. The Bank expressly disclaims any responsibility whatsoever to any person (without regard to whether such person is named as, or purports to be, a Requestor), who does not receive a completed Verification directly from the Bank.

I/we authorize and direct the Bank to provide to the Requestor the account information I/we have requested below. I/we understand and agree that: a) the Bank will send the completed Verification directly to the Requestor; b) the completed Verification may not be used other than for the intended purpose; c) any copy thereof provided to me/us will bear a conspicuous legend prohibiting the use thereof for any purpose by any person other than the Requestor; d) if the information provided herein is not accurate and complete and submitted in a timely manner, the Bank will be unable to process the Verification and will not return or respond to the original request; e) this online request form expires on the 90th calendar day from after the initial date I/we submitted the request electronically; and f) if I/we do not print and send to the Bank via fax, before this request expires, the Fax Cover Sheet bearing the unique barcode the Bank provided online to me/us at the time I/we submitted the request electronically AND either: (i) a copy of the Bank's Verification of Deposit request form, bearing my/our signatures, or (ii) a copy of a non-Bank request for verification of deposit, bearing my/our signatures, then I/we will have to repeat the process, beginning with a new electronic request submitted from the Bank's Web site.

In consideration of the Bank's acting on my/our herein request, I/we agree to release and hold the Bank harmless from any and all liability except that caused solely by its own gross negligence or willful misconduct. I/we further agree to pay the applicable fee for the Verification as set forth in the Bank's disclosures and agreements and related fee schedules for personal and business deposit accounts in effect from time to time. I/we understand that I/we have the right to revoke this authorization at any time before the Bank has sent the completed Verification to the Requestor.

I/we acknowledge and agree that: (i) I/we can request, on the online Verification of Deposit Request form itself, email confirmation that the Bank has received my/our request, and (ii) I/we can contact the Bank's Telephone Banking Department at (800) 238-4486 to inquire about the status of my/our request.

SIGNATURE -- Customer		DATE	SIGNATURE -- Customer		DATE
ACCOUNT TYPE		ACCOUNT NUMBER			
BALANCE AS OF TYPE		DATE (MM/DD/YYYY)	TO DATE (MM/DD/YYYY)	<input type="checkbox"/>	COLLATERAL DESCRIPTION (CPA Requests Only)
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