



Opt-out of Information Sharing with Affiliates/Subsidiaries

I/We request that Investors 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. If you 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 Bank  
ATTN: Retail Administration  
101 JFK Parkway  
Short Hills, NJ 07078

Telephone requests will not be accepted.