

Business certificate of authority & resolution



Use this form to execute and certify certain information that is required to complete your recent EverBank business account application. Enter your information clearly using blue or black ink.

1. Business information

Name of business or organization (**Account title**)

Select only one of the following account types:

- Corporation** **Limited liability company**
 Partnership **Sole proprietorship**
 Non-profit organization **Business other**—specify organization type: _____

2. Control person and beneficial equity owners

Notes for Non Residents of the United States:

Due to rules applicable to individuals located outside of the United States, EverBank does not offer its products and services to businesses in the following circumstances: 1) If the business has any authorized signers or beneficial owners located in the following countries: Austria, Belgium, Bulgaria, Croatia, Republic of Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and the United Kingdom; 2) If the business has any authorized signers who are not presently residents of the United States.

As a result, if the business meets either of these circumstances, please do not proceed with this form or provide us with any personal information of any authorized signer or beneficial owner, as EverBank will be unable to process your request.

To help the government fight financial crime, Federal regulation requires us to obtain, verify, and record information about the "Beneficial Owners" of business applicants. Businesses can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

As defined by relevant Federal regulation, "Beneficial Owners" are:

- (1) an individual with significant responsibility for managing the business (for example, a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer), and
- (2) individuals that directly or indirectly own 25% or more of the business.

For purposes of completing this application, the individual who satisfies (1) above is the "Control Person" and the individuals, if any, who satisfy (2) above are the "Beneficial Equity Owners".

The number of individuals that satisfy the government's definition of "Beneficial Owner" may vary. Under Section 2b, depending on the factual circumstances, up to four Beneficial Equity Owners (but as few as zero) may need to be identified. Regardless of the number of Beneficial Equity Owners identified under Section 2b, you must provide the identifying information of the one Control Person under Section 2a. It is possible that in some circumstances the same individual might be identified under both sections (for example, the President of Acme, Inc. who also holds a 30% equity interest). Therefore, to complete this Section 2, you must provide the identifying information of at least one individual under Section 2a, and up to five individuals in total (that is, the one Control Person under Section 2a and up to four Beneficial Equity Owners that directly or indirectly own 25% or more of the business under Section 2b).

2a. Control Person information

Please provide the following information for the Control Person:

Control Person name Title (e.g., CEO, CFO, COO) Date of birth

Control Person Social Security number/ITIN Business phone

Physical address (No PO boxes) City State Country ZIP

Is the Control Person also a Beneficial Equity Owner who directly or indirectly owns 25% or more of the business.

Yes No

Percentage owned: _____

Citizenship information

The Control Person is a: U.S. citizen
 U.S. resident alien (Please provide country and passport #) _____
 Non-resident alien (Please provide country and passport #) _____

2b. Beneficial Equity Owner(s) information

Are there any other Beneficial Equity Owners who directly or indirectly own 25% or more of the business who you did not previously identify in Section 2a (the Control Person). Yes No (If yes, please provide the following information for each such Beneficial Equity Owner.)

Note: Non-Profit applicants do not need to identify any Beneficial Equity Owners.

1. Beneficial Equity Owner name Date of birth

Beneficial Equity Owner Social Security number/ITIN Business phone Percentage owned

Physical address (No PO boxes) City State Country ZIP

Citizenship information

The Beneficial Equity Owner is a: U.S. citizen
 U.S. resident alien (Please provide country and passport #) _____
 Non-resident alien (Please provide country and passport #) _____

2. Beneficial Equity Owner name Date of birth

Beneficial Equity Owner Social Security number/ITIN Business phone Percentage owned

Physical address (No PO boxes) City State Country ZIP

Citizenship information

The Beneficial Equity Owner is a: U.S. citizen
 U.S. resident alien (Please provide country and passport #) _____
 Non-resident alien (Please provide country and passport #) _____

3. Beneficial Equity Owner name Date of birth

Beneficial Equity Owner Social Security number/ITIN Business phone Percentage owned

Physical address (No PO boxes) City State Country ZIP

Citizenship information

The Beneficial Equity Owner is a: U.S. citizen
 U.S. resident alien (Please provide country and passport #) _____
 Non-resident alien (Please provide country and passport #) _____

4. _____
 Beneficial Equity Owner name Date of birth

_____ _____
 Beneficial Equity Owner Social Security number/ITIN Business phone Percentage owned

_____ _____ _____ _____ _____
 Physical address (No PO boxes) City State Country ZIP

Citizenship information

The Beneficial Equity Owner is a: **U.S. citizen**

U.S. resident alien (Please provide country and passport #) _____

Non-resident alien (Please provide country and passport #) _____

3. Backup Withholding Certifications

For federal tax purposes, a U.S. person includes an individual who is a U.S. citizen or U.S. resident alien; a U.S. partnership, corporation, or company; and domestic trusts and estates. The following certifications relate to this tax status and reporting obligations applicable to EverBank. Non-U.S. persons do not make these certifications and should check the box below where indicated and provide the corresponding additional documentation.

Please note that these certifications are being made by the Business applicant and relate to the Business applicant’s information and tax status.

By signing sections 5 or 6, as applicable, I certify under penalty of perjury that:

1. The taxpayer identification number I have given on this application is correct; and
2. I am a U.S. citizen or other U.S. person; and
3. I am not subject to backup withholding because:
 - (a) I am exempt from backup withholding, or
 - (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
 - (c) the IRS has notified me that I am no longer subject to backup withholding; and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Check this box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return

Check this box if you are not a U.S. person. Non-U.S. persons (that is, persons who are not a U.S. citizen, U.S. resident alien, or other U.S. person) will need to provide EverBank with the applicable IRS Form W-8 (to certify foreign status; electronic copies will not be accepted), a copy of your valid passport and proof of residence.

4. Additional EverBank agreements

By signing sections 5 or 6, opening or otherwise using an EverBank account(s), I understand and agree that EverBank, National Association (“EverBank”) will rely on the veracity and completeness of the information on this form in opening the requested account(s) and I give my consent to EverBank to open the accounts indicated on my recent application. I hereby certify, to the best of my knowledge, that the information provided on this form and any accompanying documentation, as well as the statements in the Certificate of Authority and Resolution set forth in the Business and Non-Personal Account Terms, Disclosures and Agreements Booklet, are true, complete, and accurate and that I will promptly notify EverBank of any material change in such information or statements.

The undersigned agrees that we, EverBank, in our sole discretion, may accept documents that you have signed and sent to us by electronic means, like fax, email, or other file transmittal processes we might offer. By sending us any such document by electronic means, the undersigned agrees that we may rely on it and on the signature, and that the document is binding on the signer even if the original signed document is not delivered to us.

5. Certification of authority and resolution–application and effect

Part 1. Application: The Certificate of Authority and Resolution set forth in the Business and Non-Personal Account Terms, Disclosures and Agreements Booklet (the “Certificate”) and the Signature Card in section 6 apply only to the account(s) applied for on your recent EverBank business account application (the “Account(s)”).

7. Submit

The form-approving authorized signer can submit the completed form to us through BOB using their specific login credential by selecting the **Administration** tab, then **Communications**, then **Contact Us** and add the attachment(s). Alternatively, we require an authorized signer with a security code to call us at 1.855.563.3177 so we can set up secure delivery of your form via encrypted email. We're available weekdays from 8 a.m.–5 p.m. (ET).

For bank use only: _____
Date FC number Associate name (**Print first & last name**) Associate number