

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:

- | | |
|--|--|
| <input type="radio"/> Corporation | <input type="radio"/> Limited liability company |
| <input type="radio"/> Partnership | <input type="radio"/> Sole proprietorship |
| <input type="radio"/> Nonprofit organization | <input type="radio"/> Business other (Specify organization type) _____ |

2. Beneficial owners' information

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).

We may ask to see a copy of a valid, unexpired driver's license or other identifying document for each Beneficial Owner listed on this form.

If the business is either (1) a pooled investment vehicle NOT operated or advised by a regulated domestic financial institution or (2) a non-profit and Non-Governmental Organization (NGOs), then complete Section 2a, but skip 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 SSN/ITIN	
Residential address (No PO boxes)	City	State	Country	ZIP
Business phone	Mobile phone	Business email		

Is the Control Person also a Beneficial Equity Owner who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the business? ☐ No ☐ Yes (If yes, provide percentage owned) _____

The Control Person is a: ☐ U.S. citizen ☐ U.S. resident alien ☐ Nonresident alien

(If U.S. resident alien or nonresident alien, please provide country and passport #) _____

2b. Beneficial Equity Owner(s) information

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

For trusts that directly or indirectly own 25% or more: For each trust that directly or indirectly owns 25% or more of the equity interests of the legal entity listed above, the following information for **only one trustee** of each trust needs to be provided. The percentage owned field should be completed and is based on the ownership of the trust.

1.

Beneficial Equity Owner name	Date of birth	SSN/ITIN	% owned
Residential address (No PO boxes)	City	State	Country
Mobile phone	ZIP		
Email			
The Beneficial Equity Owner is a: <input type="radio"/> U.S. citizen <input type="radio"/> U.S. resident alien <input type="radio"/> Nonresident alien			
(If U.S. resident alien or nonresident alien, please provide country and passport #) _____			

2.

Beneficial Equity Owner name	Date of birth	SSN/ITIN	% owned
Residential address (No PO boxes)	City	State	Country
Mobile phone	ZIP		
Email			
The Beneficial Equity Owner is a: <input type="radio"/> U.S. citizen <input type="radio"/> U.S. resident alien <input type="radio"/> Nonresident alien			
(If U.S. resident alien or nonresident alien, please provide country and passport #) _____			

3.

Beneficial Equity Owner name	Date of birth	SSN/ITIN	% owned
Residential address (No PO boxes)	City	State	Country
Mobile phone	ZIP		
Email			
The Beneficial Equity Owner is a: <input type="radio"/> U.S. citizen <input type="radio"/> U.S. resident alien <input type="radio"/> Nonresident alien			
(If U.S. resident alien or nonresident alien, please provide country and passport #) _____			

4.

Beneficial Equity Owner name	Date of birth	SSN/ITIN	% owned
Residential address (No PO boxes)	City	State	Country
Mobile phone	ZIP		
Email			
The Beneficial Equity Owner is a: <input type="radio"/> U.S. citizen <input type="radio"/> U.S. resident alien <input type="radio"/> Nonresident alien			
(If U.S. resident alien or nonresident 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, in opening and servicing the EverBank account(s) requested by the business identified above, rely on the veracity and completeness of all the information provided to EverBank, through written, verbal, electronic, or other methods. I expressly give my consent to EverBank to open the accounts indicated on my recent application. I hereby certify, to the best of my knowledge, that all of the information provided to EverBank, 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 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)").

Part 2. Effect: The Certificate supersedes any prior corporate or other resolutions executed by the Business and related to the Account(s). The Certificate and the Signature Card apply to all transactions and agreements related to the Account(s) between the Business and EverBank, even if entered into by the Business prior to the adoption of this Certificate (which prior transactions and agreements are hereby ratified in all respects), and shall remain in full force and effect in all respects until the close of business on the third Business Day after EverBank receives written notice of the modification or revocation thereof at EverBank's offices located at: EverBank, PO Box 44060, Jacksonville, FL 32231. Any new Certificate must be approved by EverBank, in its sole discretion, before it will be effective.

By signing below, you understand and agree that you are executing the Backup Withholding certification in section 3 of this form, and the Certificate of Authority and Resolution set forth in the Business and Non-Personal Account Terms, Disclosures, and Agreements Booklet.

The signatories below certify that they are duly authorized by the business applicant to establish the Account(s) and to sign on the business applicant's behalf. Each signatory must be a corporate officer, managing member, general partner, or other individual authorized by the business applicant to represent the business applicant in connection with the Account(s).

Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Part 3: Required Signatories for the Business

Corporation—Two corporate officers (president and one other) together and the corporate secretary

Limited Liability Company (manager managed)—All managers



Limited Liability Company (member managed)—All members

General Partnership—All partners

Limited Partnership—General partner

Sole Proprietorship—Owner's signature

Non-Profit Organization and Homeowners' Association—President and the corporate secretary

	_____	_____	_____	_____
	Signature	Print name	Title	Date
	_____	_____	_____	_____
	Signature	Print name	Title	Date
	_____	_____	_____	_____
	Signature	Print name	Title	Date
	_____	_____	_____	_____
	Signature of Secretary	Print name	Date	

6. Signature card—authorized signer(s) for the business

All individuals authorized to control the Account(s) must sign below if the business applicant would like these individuals to make account transactions or changes.

I, the undersigned Authorized Signer, hereby acknowledge that I have read this form, the Business and Non-Personal Account Terms, Disclosures and Agreements Booklet, and all related documents, disclosures, and agreements, and I agree to be bound by the terms, conditions and restrictions therein.

	_____	_____	_____	_____
	Signature	Print name	Title	Date
	_____	_____	_____	_____
	Signature	Print name	Title	Date
	_____	_____	_____	_____
	Signature	Print name	Title	Date
	_____	_____	_____	_____
	Signature	Print name	Title	Date
	_____	_____	_____	_____
	Signature	Print name	Title	Date
	_____	_____	_____	_____
	Signature	Print name	Title	Date
	_____	_____	_____	_____
	Signature	Print name	Title	Date

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, 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