

Business CD maturity instructions and Beneficial Ownership certification



Use this form to provide maturity instructions for your Business Certificate of Deposit account(s) and to provide your beneficial ownership certification. Enter your information clearly using blue or black ink.

1. Business information

Name of business or organization (Account title)

Name of authorized signer requesting change

Security code (Required)

Authorized signer phone

Authorized signer email

2. CD information

If providing instructions for multiple CDs on this form, the same instruction must apply to all CD accounts.

Note: If you would like to provide different instructions for different CDs, please submit separate forms. You may also contact the Business Operations Team at 1.855.228.6745.

CD account number

Maturity date

CD account number

Maturity date

CD account number

Maturity date

CD account number

Maturity date

Type of CD	Renewal type
Business CD	Automatically renews for same term unless you provide instructions otherwise on the maturity date or during the 10 business day grace period that begins on the first business day following the maturity date.
CDARS® CD	Does not automatically renew. You must provide instructions in either Section 3 or Section 4 prior to maturity.

3. Select renewal option

Refer to your Account Terms, Disclosures and Agreements Booklet for complete CD renewal policies, which can be found on our website.

☐ **Renew with full balance (principal plus interest). The new CD will be for:**

☐ the same term

Note: If this is not a CDARS CD and you select this option, you do not need to complete Section 5.

☐ a new term: _____

☐ **Renew and add additional funds. The new CD will be for:**

☐ the same term ☐ a new term: _____

Additional deposit amount¹: _____

How would you like to fund the additional deposit amount?

☐ **Fund additional amount from an existing EverBank account.** Account number: _____

☐ **(In-person in a Financial Center only): Fund by cash or check.**

☐ **Renew and take a partial withdrawal. The new CD will be for:**

☐ **the same term** ☐ **a new term:** _____

Withdrawal amount: _____

How would you like to receive your withdrawn funds?

☐ **Deposit into an existing EverBank account.** Account number: _____

☐ **Send a U.S. dollar check.**

☐ **Wire funds.** U.S. dollar wire transfer form.

☐ **(In-person in a financial center only): Issue a U.S. dollar check.**

4. Select CD closing/non-renewal option

If you are selecting to close or not rollover your CD(s), you do not need to complete Section 5.

☐ **Deposit into an existing EverBank account.** Account number: _____

☐ **Deposit into a new account with the same title.** Streamlined business account application

☐ **Send a U.S. dollar check.**

☐ **Wire funds.** U.S. dollar wire transfer form required.

☐ **(In-person in a financial center only): Issue a U.S. dollar check.**

5. Beneficial owners' information

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.

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, or any other individual who regularly performs similar functions), and
- (2) individuals that directly or indirectly own 25% or more of the business.

For purposes of completing this form, 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 5b, 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 5b, you must provide the identifying information of the one Control Person under Section 5a. 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 5, you must provide the identifying information of at least one individual under Section 5a, and up to five individuals in total (that is, the one Control Person under Section 5a and up to four Beneficial Equity Owners that directly or indirectly own 25% or more of the business under Section 5b).

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.

5a. Control Person information

Control Person name	Title (e.g., CEO, CFO, COO)	Date of birth	Control Person SSN/ITIN	
Physical 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 #) _____

5b. 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 5a (the Control Person). ☐ **No** ☐ **Yes** (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. **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
	Physical address (No PO boxes)	City	State	Country	ZIP
	Mobile phone	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 #)				
	If the individual identified as the Beneficial Equity Owner is the trustee of a trust, provide the name of the trust:				
	Name of the trust				
2.	Beneficial Equity Owner name		Date of birth	SSN/ITIN	% owned
	Physical address (No PO boxes)	City	State	Country	ZIP
	Mobile phone	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 #)				
	If the individual identified as the Beneficial Equity Owner is the trustee of a trust, provide the name of the trust:				
	Name of the trust				
3.	Beneficial Equity Owner name		Date of birth	SSN/ITIN	% owned
	Physical address (No PO boxes)	City	State	Country	ZIP
	Mobile phone	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 #)				
	If the individual identified as the Beneficial Equity Owner is the trustee of a trust, provide the name of the trust:				
	Name of the trust				
4.	Beneficial Equity Owner name		Date of birth	SSN/ITIN	% owned
	Physical address (No PO boxes)	City	State	Country	ZIP
	Mobile phone	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 #)				
	If the individual identified as the Beneficial Equity Owner is the trustee of a trust, provide the name of the trust:				
	Name of the trust				

6. Authorized signer certification and signature

By signing below, I certify that I have read, understand and agree to the Business and Non-Personal Account Terms, Disclosures and Agreements Booklet applicable to the CD for which the instructions above are being provided, and I give consent to EverBank, National Association ("EverBank") to follow the instructions indicated above.

In addition, by signing below, I understand and agree that EverBank, in servicing the EverBank account(s) requested by the business identified above, will rely on the veracity and completeness of all the information on this form provided to EverBank, through written, verbal, electronic, or other methods. I hereby certify, to the best of my knowledge, that all of the information provided to EverBank, is true, complete, and accurate and that I will promptly notify EverBank of any change in such information or statements. I further understand, agree, and certify to EverBank that:

- The information contained on this form, and any accompanying documentation, may be relied upon for purposes of identifying the Beneficial Owners of all accounts that the business identified on this form (a) currently has at EverBank, or at any of its affiliates, and (b) may open in the future at EverBank, or any of its affiliates, unless I notify EverBank of any change in such information.
- The information on this form supersedes any information previously given to EverBank regarding the Beneficial Owners of the business identified on this form.

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.



Authorized signer

Date

7. Submit

Note: We do not accept maturity instructions in advance of the CD’s maturity date.

On the maturity date or during the grace period:

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 1.855.228.6745 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).

1. Any funds that are added at maturity will become subject to an early withdrawal penalty.

For bank use only: Additional notes: _____

Verify client	Date verified	FC number	Associate name (Print first & last name)
CD check amount	Date issued		