

BUSINESS AND NON-PROFIT ORGANIZATION BANKING

Streamlined application

Current clients may use this simplified application to apply for any of our business banking deposit accounts as long as the authorized signer(s) and account title will be the same as your existing account(s). Complete this application online or by hand using blue or black ink. To apply for other accounts, visit us online at everbank.com.

Submit application and required documentation



EverBank–Business Banking
PO Box 44060
Jacksonville, FL 32231

For new accounts funded by check, mail the check to:

EverBank–New Account Deposits
PO Box 11622
Newark, NJ 07101-9940

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 application or provide us with any personal information of any authorized signer or beneficial owner, as EverBank will be unable to process your request.

For security purposes and to help the government fight terrorism and money-laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. For this reason, we will ask you for your name, address, date of birth, Social Security number or other Tax Identification Number, and other information that will allow us to identify you. We may also ask other questions or request other documents meant to verify your identity.

1. Tell us about the existing account

Name of business or organization (Account title)

Doing Business As (DBA) name (if applicable)

Name of authorized signer completing this application

Authorized signer Social Security number/ITIN

Existing account number

Authorized signer security code (Required)

Work phone*

Mobile phone*

Email

* By providing your phone number, you expressly consent and agree that EverBank, its affiliates, agents, subsidiaries, service providers or any other company acting on its behalf may contact you at that number for any reason about your accounts, now or in the future, by any method, including with an automatic telephone dialing system, prerecorded message, or text message, and including at a number for a cellular phone or other wireless device, regardless of whether you incur charges as a result. To learn more about our privacy practices, please go to everbank.com/legal/privacy.

Referral information

Provide the referring person, publication, website, or offer referral code (if provided).

Referral

Existing account type: (Select only one of the following account types)

- Corporation
- Limited Liability Company
- Partnership
- Sole Proprietorship
- Non-Profit Organization
- Business other (Specify organization type) _____

Is this business owned, directly or indirectly, by any other business entity? No Yes (If yes, provide the following information for each entity owning 25% or more)

Name of business entity

Percentage owned

If a domestic entity (i.e., organized/incorporated in the U.S.), provide the state of organization/incorporation: _____

If an international entity:

(a) Provide the country where organized/incorporated: _____

(b) Provide the U.S. state or territory where the business is located and registered in the U.S.: _____

Name of business entity

Percentage owned

If a domestic entity (i.e., organized/incorporated in the U.S.), provide the state of organization/incorporation: _____

If an international entity:

(a) Provide the country where organized/incorporated: _____

(b) Provide the U.S. state or territory where the business is located and registered in the U.S.: _____

Name of business entity Percentage owned

If a domestic entity (i.e., organized/incorporated in the U.S.), provide the state of organization/incorporation: _____

If an international entity:

(a) Provide the country where organized/incorporated: _____

(b) Provide the U.S. state or territory where the business is located and registered in the U.S.: _____

Name of business entity Percentage owned

If a domestic entity (i.e., organized/incorporated in the U.S.), provide the state of organization/incorporation: _____

If an international entity:

(a) Provide the country where organized/incorporated: _____

(b) Provide the U.S. state or territory where the business is located and registered in the U.S.: _____

Select all that apply:

This is a public company

This is a home-based business

This is a non-bank financial institution

This is a jewels, precious metals and stone dealer

This is a cash intensive business

This business operates in foreign locations

This business owns or operates an ATM

This business expects to conduct international transactions

This business has multiple locations

This business will receive more than \$10,000 cash in one transaction or two or more related transactions? **No** **Yes**

If yes, please note you must file IRS Form 8300 for these transactions. [\(Consult the IRS for specific requirements\)](#)

This business provides money services to customers (check cashing, money orders, traveler's checks, foreign exchange, prepaid cards, transmitting money in any form, wiring funds as a courtesy or for a fee, or other money services)?

No **Yes (If yes, we cannot open the account)**

Does the business or the Tenant(s) of the business have any source of income related to the following industries: casino, gambling or gaming, marijuana related businesses/dispensaries, virtual currency Operator, Embassy or Consulates, Third Party Payment Processor? **No** **Yes (If yes, we cannot open the account)**

If this business is involved in real estate investment, please answer the following:

Is the business involved with any property off-shore? **No** **Yes**

2. Control person and beneficial equity owners

Notes for Non Residents of the United States:

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As a result, if the business meets either of these circumstances, please do not proceed with this application 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 #)

_____ Beneficial Equity Owner's 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 #)

_____ Beneficial Equity Owner's 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 #)

_____ Beneficial Equity Owner's 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 #)

_____ Beneficial Equity Owner's country and passport #

3. Choose account(s)

Select account(s) and provide deposit amount(s) for each.

Please note that if the business currently has a Business Online Banking (BOB) profile, then the account(s) that are selected below will be added to that BOB profile on a view-only basis. If you would like to remove those account(s) from the BOB profile, please contact a Business Banking Specialist at 1.866.371.3831, opt 3.

Checking (\$1,500 minimum per account)	Deposit amount (Required)
Business Checking	_____
Additional account	_____
Additional account	_____
Total Business Checking Deposit	
Business Analysis Checking	_____
Additional account	_____
Additional account	_____
Total Business Analysis Checking deposit	
Business Interest Checking	_____
Additional account	_____
Additional account	_____
Total Business Interest Checking deposit	
Small Business Checking (Only available to Sole Proprietors and Single Member LLCs)	_____
Additional account	_____
Additional account	_____
Total Small Business Checking deposit	
Non-Profit Checking	_____
Additional account	_____
Additional account	_____
Total Non-Profit Checking deposit	
Total Checking deposit	
Additional features	
Would you like either of the following: Visa® Debit card* Complimentary checks	

Money Market	Deposit amount (Required)
Business Money Market (\$1,500 minimum per account)	_____
Additional account	_____
Additional account	_____
Would you like complimentary checks? <input type="radio"/> Yes <input type="radio"/> No	
Total Money Market deposit	

* Not all business/organization types are eligible for debit cards, including, but not limited to, certain condominium owners' associations.

Certificate of Deposit

Select CD account(s), term(s) and provide deposit amount(s) for each. If you wish to fund more than three Business CDs for a particular term, please call 1.866.371.3831, opt. 3 for assistance.

Business Certificate of Deposit (Deposit amount(s) required)			
Business CD term	Deposit amount (\$1,500 minimum per CD)	Business CD term	Deposit amount (\$1,500 minimum per CD)
3 mo	_____	2 yr	_____
Additional account	_____	Additional account	_____
Additional account	_____	Additional account	_____
Total 3 mo deposit		Total 2 yr deposit	
6 mo	_____	2.5 yr	_____
Additional account	_____	Additional account	_____
Additional account	_____	Additional account	_____
Total 6 mo deposit		Total 2.5 yr deposit	
9 mo	_____	3 yr	_____
Additional account	_____	Additional account	_____
Additional account	_____	Additional account	_____
Total 9 mo deposit		Total 3 yr deposit	
1 yr	_____	4 yr	_____
Additional account	_____	Additional account	_____
Additional account	_____	Additional account	_____
Total 1 yr deposit		Total 4 yr deposit	
1.5 yr	_____	5 yr	_____
Additional account	_____	Additional account	_____
Additional account	_____	Additional account	_____
Total 1.5 yr deposit		Total 5 yr deposit	
Total Business CD deposit			

Business CDARS® CD¹

Note: This requires the **CDARS Deposit Placement Agreement**

Specify your term and deposit amount. (**\$10,000 minimum per CD**)

Term	Deposit amount (\$10,000 minimum per CD)
<input type="radio"/> 3 mo <input type="radio"/> 6 mo <input type="radio"/> 1 yr <input type="radio"/> 2 yr <input type="radio"/> 3 yr	_____
<input type="radio"/> 3 mo <input type="radio"/> 6 mo <input type="radio"/> 1 yr <input type="radio"/> 2 yr <input type="radio"/> 3 yr	Additional account _____
<input type="radio"/> 3 mo <input type="radio"/> 6 mo <input type="radio"/> 1 yr <input type="radio"/> 2 yr <input type="radio"/> 3 yr	Additional account _____
Total CDARS CD deposit	

1. Funding limits apply. Please see our website for current funding limits applicable to each CD. Funds for a Business a CDARS® CD account ("Business CDARS CD") may be submitted for placement only after a depositor enters into a CDARS Deposit Placement Agreement with us. This agreement contains important information and conditions regarding the placement of funds by us. Business CDARS CDs are placed each week on Thursday or the next business day thereafter. Early withdrawal penalties apply. IntraFi and CDARS are registered service marks of IntraFi Network LLC.

4. Fund account(s)

Select one of the following funding options.

Write and mail a check payable to the business or non-profit organization

(Mail to: EverBank–New Account Deposits, PO Box 11622, Newark, NJ 07101-9940)

Wire funds: U.S. dollars Foreign currency: (Specify) _____

Preferred contact: Phone: _____ Email: _____

Transfer funds from my existing EverBank account: (Account number) _____

Total application deposit (Funds will be distributed as instructed in section 6)	
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5. Tell us about the business service needs

Will this account send or receive domestic wires? Yes No

Will this account send or receive foreign wires? Yes No

If yes, please specify which countries: _____

What is the purpose for this account?

- | | | | |
|----------------------------------|----------------------------------|---------------------------------|---------------------|
| General operating account | Accounts payable only | Accounts receivable only | Payroll only |
| Savings –general | Savings –specific purpose | Other: (Describe) _____ | |

To help us meet our client due diligence obligations under federal law, please tell us:

a) What is the source of future business deposits?

- | | | |
|--------------------------------|----------------------|-------------------------|
| Sale of property | Rent proceeds | Business revenue |
| Other: (Describe) _____ | | |

b) If the total initial deposit is \$500,000 or greater, what is the source of the initial business deposit?

- | | | |
|--------------------------------|----------------------|-------------------------|
| Sale of property | Rent proceeds | Business revenue |
| Other: (Describe) _____ | | |

6. Agreements and certifications

By signing sections 7 or 8, 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 application in opening the requested account(s). I hereby certify, to the best of my knowledge, that the information provided in the application 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. I agree/understand and certify to EverBank that:

- I have read and agree to be bound by the terms and conditions of the account or services as set forth in the Business and Non-Personal Account Terms, Disclosures and Agreements Booklet, the Deposit Account Fee Schedule, Online Banking Service Agreement, and any other disclosures or addenda related to the accounts or services I have requested on this application, and to which I give my consent to EverBank opening and/or providing, each of which may be amended from time to time.
- I authorize EverBank to obtain verifications on me as an individual, in connection with the account application and any other account applications made by the business, and I acknowledge that EverBank requests this information to help verify individuals’ identities, to reduce fraudulent accounts, to prevent access to financial information and accounts by unauthorized persons, and for other legitimate business reasons. Further, I authorize EverBank to communicate either explicitly or implicitly, to any co-applicant and to any co-owner, director, officer, or employee of the business if the information obtained from any such verification or report causes, in whole or in part, EverBank to decide to deny the account application for the business.
- I authorize EverBank to make or have made investigative inquiries it deems appropriate in connection with its determination to open, renew, update, maintain, or collect on the account(s) applied for on this application.
- I understand that EverBank cannot honor any request to require multiple authorized signers for any transaction on any account.
- I understand that all information I supply when applying for an account or requesting new or additional products or services becomes property of EverBank and will not be returned, except as required by law.

- I understand that if the business currently has a Business Online Banking (BOB) profile, then the account(s) that are being applied for will be added to that BOB profile on a view-only basis, and that if I want to remove those account(s) from the BOB profile, I must contact a Business Banking Specialist at 1.866.371.3831, opt 5.

Statement of Liability for Owners of Sole Proprietorships, Single-Members LLCs, and General Partnerships. By signing sections 10 or 11, opening or otherwise using an EverBank account, in consideration of advances, extensions of credit, and other instruments for payment of money made to or for the Account(s), I unconditionally guarantee to EverBank the prompt payment of claims of every nature and description of EverBank against the Company (including those arising out of or in any way connected with any instrument deposited with or purchased by EverBank).

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.

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.

Under penalties of perjury, I certify 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. The Business must be registered and have a presence within the U.S. to be eligible for a deposit account. We will contact you if additional documentation is needed.

7. 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 11 apply only to the account(s) identified on this 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 the 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 or Signature Card 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 9 of this account application, 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	

8. 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 account application, 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

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

