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.

EverBank, N.A. is an FDIC insured national bank. For FDIC insurance purposes, your deposits with EverBank are combined by FDIC ownership category with any other deposits you may have with EverBank through other means, such as by your participation in deposit placement services or sweep agreements with another financial institution.

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 if the business has any 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.

As a result, if the business meets this circumstance, please do not proceed with this application, 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 organi	ization (Account title)			
Doing Business As (DBA) nar	Me (If applicable)			
Name of authorized signer completing this application		Authorized signer security code (Required)		
Existing account number	Work phone*	Mobile phone*	Email	
Referral information Provide the referring person	n, publication, website, or offer re	eferral code (If provided).		
Referral				
Existing account type: (Selec	t only one of the following account type	oes)		
Corporation	ion Climited Liability Company			
Partnership	 Sole Proprietorship 			
O Non-Profit Organization	n O Business other (Specify orga	anization type)		

^{*} 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.

2. Choose account(s)

Select account(s) and provide deposit amount(s) for ea	ICN.
Checking (\$1,500 minimum per account)	Deposit amount (Required)
Business Checking	
Business Analysis Checking	
Business Interest Checking	
Small Business Checking (Only available to Sole Proprie	etors and Single Member LLCs)
Non-Profit Checking	
	Total Checking deposit
Additional features Would you like either of the following: Visa® Debit and the following: V	card* Complimentary checks s, including, but not limited to, certain condominium owners' associations.
Money Market	Deposit amount (Required)
Business Money Market (\$1,500 minimum per account)	
Would you like complimentary checks? O Yes O N	lo
Select CD account(s), term(s) and provide deposit amou	unt(s).
Term Deposit amount (\$1,500 minimum pe	er CD) Term Deposit amount (\$1,500 minimum per C
3 mo	9 mo
Additional account	Additional account
Additional account	Additional account
Total 3 mo deposit	Total 9 mo deposit
6 mo	1yr
Additional account	Additional account
Additional account	Additional account
Total 6 mo deposit	Total 1 yr deposit
	Total Business CD deposit
Business CDARS® CD1	
Note: This requires the CDARS Deposit Placement Ac	
Specify your term and deposit amount. (\$10,000 minin	
Term	Deposit amount (\$10,000 minimum per
○ 3 mo ○ 6 mo ○ 1 yr ○ 2 yr ○ 3 yr	
Submit	
 Mail documents to EverBank Business Banking, PO 	Box 44060, Jacksonville, FL 32231 or
• Call us at 1.855.563.3177 so we can set up secure de weekdays from 8 a.m.–5 p.m. (ET).	elivery of your application via encrypted email. We're available
ubmitted for placement only after a depositor enters into a CDARS Deposit Place	o each CD. Funds for a Business a CDARS® CD account ("Business CDARS CD") may be ement Agreement with us. This agreement contains important information and conditions rega ursday or the next business day thereafter. Early withdrawal penalties apply. IntraFi and CDA
bank use only: FC number Associate n	name (Print first & last name)