

PERSONAL BANKING

New account application

To apply for any of our personal banking deposit accounts, 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—New Accounts Department 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:

At this time, EverBank does not offer its products and services to individuals located outside of the United States. As a result, if you are not located within the United States, please do not proceed with this application or provide us with any of your personal information, as EverBank will be unable to process your request.

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.

New account documents

The following items, which vary based on the account you choose, should be included with your completed application.

Power of Attorney (If applicable)

- Notarized agent or attorney-in-fact signature
- Copy of the Power of Attorney

Payable-On-Death (POD) Accounts

Manage Account Beneficiaries

CDARS® CD

• CDARS Deposit Placement Agreement

Trust Account

- EverBank Trustee Certification
- Copy of page in Trust document describing the Trust (i.e. who is the Trustee(s), Grantor(s), title of Trust, creation date of Trust, etc.)
- Copy of signature page in Trust with grantor(s)' and Trustee(s)' signatures



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.

	low did you hear about us?						
Pi	rovide the referring person, publication, webs	site, or offer referral code (If provided)					
2. C	Choose account type						
Se	elect only one of the following account types	5.					
С	Individual account						
C	Joint account with Rights of Survivorship						
С	Custodial account:						
	(Optional) If you have chosen a Custodial Account and would like to nominate an individual to act as Custodian in the event the named Custodian dies, resigns, is unable or unwilling to serve as Custodian. ¹						
	<u></u>	<u> </u>	Social Security number				
	First/middle/last name	Date of birth	Social Security number				
С	Trust account:	Date of birth	Social Security number				
С							
С	Trust account:	nith Trustee(s) for the benefit of Ann Smith, or Th					
C	Trust account: Name of Trust/account title (Example: John Sn	nith Trustee(s) for the benefit of Ann Smith, or Th					
C	Trust account: Name of Trust/account title (Example: John Sn This Trust account is a(n): Revocable Trust	nith Trustee(s) for the benefit of Ann Smith, or Thest Original Irrevocable Trust					
C	Trust account: Name of Trust/account title (Example: John Sn This Trust account is a(n): Tax ID type: SSN TIN	nith Trustee(s) for the benefit of Ann Smith, or The st	e John Smith Living Trust)				
С	Trust account: Name of Trust/account title (Example: John Sn This Trust account is a(n): ○ Revocable Trust Tax ID type: ○ SSN ○ TIN Tax ID number:	nith Trustee(s) for the benefit of Ann Smith, or The st	e John Smith Living Trust)				

^{1.} Depending on the state laws applicable to the Custodial Account, this section may not be an appropriate or effective way to designate a successor custodian. By allowing you to name a successor, EverBank makes no legal representation as to the appropriateness or effectiveness of the designation for your particular account. Please contact your legal counsel with any questions regarding naming a successor custodian for your account.

3. Applicant details

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Title First name		M.I.	Last name		Suffix
Social Security number/TIN		Date of bir	th		
Home phone*	Mobile ph	none*	Email		
By providing your phone nur service providers or any othe your accounts, now or in the message, or text message, a you incur charges as a result	er company acting on future, by any method nd including at a numb	its behalf may con I, including with an oer for a cellular ph	tact you at that no automatic teleph none or other wire	umber for any reas one dialing system eless device, regard	son about n, prerecorded dless of wheth
Address information Residential address (No PO boxe	city		 State	Country	ZIP
s your residential address also	,	s? O Yes O No		•	ZIP
Mailing address (If different fro	om above) City		State	Country	ZIP
Security information Your security code is a PIN, phroperately your identity. You'll be compared to the code (Musting Market's maiden name)	oe asked to provide yc	our code when cor	ntacting us with q	uestions about you	ur account.
	ord or phrase that may be u	ised to help you recall y	our code)		
Security code hint (Enter a keywo					
Citizenship information am a: U.S. citizen U.S. resident alien Non-resident alien					
Citizenship information am a: U.S. citizen U.S. resident alien	(Please provide your cour	ntry)			

Secondary applicant/custodian/trustee/attorney in fact (power of attorney)

(If you have additional applicants copy this page as needed and return with application.)

Personal i	nformation					
Title	First name		M.I.	Last name		Suffix
Social Sec	urity number/TIN		Date of bi	rth		
Home pho	ne*	Mobile phone*		Email		
service p your acc message	ding your phone number, you e providers or any other compan counts, now or in the future, by e, or text message, and includir r charges as a result. To learn n	y acting on its beh any method, inclu ng at a number for	nalf may cor ding with ar a cellular p	ntact you at that no n automatic teleph hone or other wire	umber for any reas one dialing system eless device, regan	son about n, prerecorded dless of whether
Address in	nformation					
Residentia	l address (No PO boxes)	City		State	Country	ZIP
Is your resi	dential address also your mai	ling address? (Yes O No	(If no, provide your mo	ailing address below.)	
Mailing	address (If different from above)	City		State	Country	ZIP
Your secur	nformation ity code is a PIN, phrase or con your identity. You'll be asked to					
Create you	ur security code (Must be 6-20 lett iden name)	ers and/or numbers, r	no special char	acters. Do not use you	r Social Security numb	er, date of birth or
Security co	ode hint (Enter a keyword or phrase	that may be used to h	nelp you recall	your code)		
lama: O	p information U.S. citizen U.S. resident alien (Please provi Non-resident alien (Please prov					
Are you at	uthorized to work in the United	States? O Yes	○ No			
	ent information Employed O Self-employed	d ○ Retired ○	Student/m	ninor 🔘 Not emp	oloyed	
Employer r	name	Position or title			Length of er	nployment

4. Choose account(s) and service(s)

Checking				Deposit amount
Yield Pledg	e Checking account ¹ (\$100	0 minimum)		
EverBank C	Checking account ¹ (\$25 min	imum)		
				Total checking deposit
Additional fee	nturae			
		ccount overdraft pro	tection (Specify	the account you'd like your new checking account to link to)
_	-	-		/ield Pledge Money Market or Savings Account box below.)
	checking, money market,			
_		_	(Specify existing	account number)
Would you like	e either of the following:	Visa® Debit card	Complime	entary checks
Carrings				Donasit umasunt
Savings		.,		Deposit amount
	erformance Savings acc			
Yield Pledg	je Money Market accoun	t¹ (\$0 minimum)		
Would you	like either of the following	: Visa® Debit car	d Compli	mentary checks
				Total savings deposit
Certificate o	f Deposit			
EverBank CD ¹			CDARS® CD),2,* -
Term	Deposit amount (\$1,0	000 minimum per CD)	Term	Deposit amount (\$10,000 minimum per CD)
3 mo			3 mo	
6 mo			6 mo	
9 mo				
1 yr			1 yr	
1.5 yr				
2 yr			2 yr	
2.5 yr				
3 yr			3 yr	
4 yr				
5 yr				
Total deposit			Total deposi	t
Bump Rate CE)1			
Term				Deposit amount (\$1,500 minimum)
3.5 year				
			Total deposi	it

Total CD deposit

^{1.} Not eligible as an IRA.

^{2.} Funding limits apply. Please see our website for current funding limits applicable to each CD. Funds for a CDARS® CD account ("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. 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.

^{*} Requires the

Rent proceeds

5. Fund account(s)

6.

	eck payable to the account hold: account Deposits, PO Box 11622, Newark, I	• •	
Wire funds: ○ U.S. o	dollars O Foreign currency: (Sp	pecify)	
Preferred contact: () Phone:	nail:	
Transfer funds from	my existing EverBank account: (Account number)	
Transfer funds from	an existing IRA		
(Transferring funds from a	n existing IRA requires the applicable Tro	ansfer or Withdrawal Request, available at)
Total application depos	sit (Funds will be distributed as instructed	d in section 4)	
Tell us about you	ır total deposit		
_	t is less than \$100,000, skip to sect	ion 7.	
To meet government red	quirements for opening an accour	nt, please tell us:	
a) What is the source of	of your initial deposit?		
Salary	Inheritance	Sale of property	Rent proceeds
Alimony	Business income	Other:(Describe)	
If you are only applying	for a CD, skip to section 7.		
b) What is the source of	of future deposits?		

7. Agreements and certifications

Salary

Alimony

Inheritance

Business income

By signing section 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 that the information provided in the application and any accompanying documentation is true, complete, and accurate and that I will notify EverBank of any material change in such information or statements. I agree/understand and certify to EverBank that:

Sale of property

Other: (Describe) ___

- I have read and agree to be bound by the terms and conditions of the account as set forth in the Personal Account Terms,
 Disclosures and Agreements Booklet, the Deposit Account Fee Schedule, 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 make any credit, employment, or other investigative inquiries that it deems appropriate (including, without limitation, obtaining a consumer report) in connection with its determination to open, renew, update, maintain, or collect on my account. I understand that upon my request, EverBank will provide information on whether a consumer report was obtained and the names and addresses of any consumer-reporting agencies that provided such reports.
- I understand that EverBank may report information about my account to credit bureaus. Late payments, missed payments, or other default on my account may be reflected in my credit report. In addition, I understand that I am being notified, as required by law, that a negative credit report reflecting on my credit record may be submitted to a credit reporting agency if I fail to fulfill the terms of any credit obligations I may have to EverBank.
- 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.

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. For joint accounts, these certifications are made as to the primary accountholder. Non-U.S. persons do not make these certifications and should check the box below where indicated and provide the corresponding additional documentation.

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. 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.

8. Signature(s)

By signing below the undersigned acknov	vledges and agrees to these term	ns and conditions
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Note: The Internal Revenue Service does not require your consent to any provision of this document other than	ı the
certification required to avoid backup withholding.	

<u></u>			
Primary account holder	Date	Additional account holder	Date
Additional account holder	Date	Additional account holder	Date

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