

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.

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.

While EverBank is committed to assisting limited English proficiency (LEP) clients and potential clients, account applications and agreements, disclosures, statements, notices, and other documents for our products and services, as well as all account opening, online banking, mobile applications, and other electronic systems provided by EverBank will be provided in English. As a result, it will be necessary for clients and potential clients to speak, read and understand English or to have an appropriate translator assisting them.

EverBank offers the following resources for LEP consumers: (1) Bilingual associates in certain financial centers and through our call centers. (2) Access to interpretive services through our call centers. (3) Limited ATMs with language-preference options.

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:

EverBank's products and services are designed, offered, and intended for use only by persons physically residing in the United States. As a result, if you are not physically located within the United States and able to provide U.S. residential and mailing addresses, 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.

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



**Download a PDF by clicking on the icon
or by visiting**

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. How did you hear about us?

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

2. Choose account type

Select only one of the following account types:

☐ **Individual account**

☐ **Joint account with Rights of Survivorship**

☐ **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

First/middle/last name

Date of birth

Social Security number

☐ **Trust account:**

Name of Trust/account title (Example: John Smith Trustee(s) for the benefit of Ann Smith, or The John Smith Living Trust)

This Trust account is a(n): ☐ **Revocable Trust** ☐ **Irrevocable Trust**

Tax ID type: ☐ **SSN** ☐ **TIN**

Tax ID number: _____

If the Grantor(s) and Trustee(s) are different and/or not using the Grantor's Social Security number as the Tax ID for the Trust, provide the Grantor(s)' name, date of birth, and Social Security number:

Grantor name

Date of birth

Social Security number

Special instructions: _____

☐ **Other account:** _____

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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Primary applicant/minor/trustee

Personal information

Title	First name	M.I.	Last name	Suffix
Social Security number/TIN		Date of birth		
Home 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.

Address information

Residential address (No PO boxes)	City	State	Country	ZIP
Is your residential address also your mailing address? ☐ Yes ☐ No (If no, provide your mailing address below.)				
Mailing address (If different from above)	City	State	Country	ZIP

Citizenship information

I am a: ☐ U.S. citizen
☐ U.S. resident alien (Please provide your country) _____
☐ Non-resident alien (Please provide your country) _____

Are you authorized to work in the United States? ☐ Yes ☐ No

Employment information

Status: ☐ Employed ☐ Self-employed ☐ Retired ☐ Student/minor ☐ Not employed

Employer name	Position or title	Length of employment
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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 information

_____	_____	_____	_____	_____
Title	First name	M.I.	Last name	Suffix
_____		_____		
Social Security number/TIN		Date of birth		
_____		_____		_____
Home 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.

Address information

_____	_____	_____	_____	_____
Residential address (No PO boxes)	City	State	Country	ZIP
Is your residential address also your mailing address? ☐ Yes ☐ No (If no, provide your mailing address below.)				
_____	_____	_____	_____	_____
Mailing address (If different from above)	City	State	Country	ZIP

Citizenship information

I am a: ☐ U.S. citizen
☐ U.S. resident alien (Please provide your country) _____
☐ Non-resident alien (Please provide your country) _____

Are you authorized to work in the United States? ☐ Yes ☐ No

Employment information

Status: ☐ Employed ☐ Self-employed ☐ Retired ☐ Student/minor ☐ Not employed

_____	_____	_____
Employer name	Position or title	Length of employment

4. Choose product type[s], account[s] and service[s]

Checking products	Number of account(s)	Total deposit amount
EverBank Performance Checking account ¹ (\$100 minimum)		
EverBank Checking account ¹ (\$25 minimum)		
Total checking deposit		

Additional features

- ☐ Checking, money market or savings account overdraft protection (Specify the account you'd like your new checking account to link to)
- ☐ New money market or savings account (Be sure to also select the applicable savings product in the box below.)
- ☐ Existing checking, money market, or savings account: _____
(Specify existing account number)

Would you like either of the following: **Visa® Debit card** **Complimentary checks**

Savings products	Number of account(s)	Total deposit amount
EverBank Performance Savings account ¹ (\$0 minimum)		
Open exclusively online or by calling our client solutions team.		
EverBank Performance Money Market account ¹ (\$0 minimum)		
Open exclusively in financial centers.		
Would you like either of the following: Visa® Debit card Complimentary checks		
Total savings deposit		

Certificate of Deposit products

Select CD account(s), term(s) and provide deposit amount(s).

EverBank Performance CD¹

Term	Deposit amount (\$1,000 minimum per CD)
☐ 3 mo ☐ 6 mo ☐ 7 mo ☐ 9 mo ☐ 11 mo* ☐ 12 mo ☐ 13 mo ☐ 18 mo ☐ 24 mo ☐ 25 mo ☐ 30 mo ☐ 36 mo ☐ 48 mo ☐ 60 mo	
☐ 3 mo ☐ 6 mo ☐ 7 mo ☐ 9 mo ☐ 11 mo* ☐ 12 mo ☐ 13 mo ☐ 18 mo ☐ 24 mo ☐ 25 mo ☐ 30 mo ☐ 36 mo ☐ 48 mo ☐ 60 mo	
☐ 3 mo ☐ 6 mo ☐ 7 mo ☐ 9 mo ☐ 11 mo* ☐ 12 mo ☐ 13 mo ☐ 18 mo ☐ 24 mo ☐ 25 mo ☐ 30 mo ☐ 36 mo ☐ 48 mo ☐ 60 mo	
Total EverBank Performance CD deposit	

CDARS® CD^{1,2**}

Term	Deposit amount (\$10,000 minimum per CD)
☐ 3 mo ☐ 6 mo ☐ 1 yr ☐ 2 yr ☐ 3 yr	
☐ 3 mo ☐ 6 mo ☐ 1 yr ☐ 2 yr ☐ 3 yr	
☐ 3 mo ☐ 6 mo ☐ 1 yr ☐ 2 yr ☐ 3 yr	
Total CDARS® 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.

* Open exclusively in financial centers.

** Requires the

Bump Rate CD¹

Term	Deposit amount (\$1,500 minimum per CD)
☐ 3.5 year	
☐ 3.5 year	
☐ 3.5 year	
Total Bump Rate CD deposit	
Total CD deposit	

World Markets® Cash Management account (For World Markets account openings)	Deposit amount
EverBank Performance Cash Management account (No minimum required)	
Would you like either of the following: ☐ Visa® Debit card ☐ Complimentary checks	
Total deposit	

5. Fund account(s)

Write and mail a check payable to the account holder(s) or trust

(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) _____

Transfer funds from an existing IRA

(Transferring funds from an existing IRA requires the applicable Transfer or Withdrawal Request, available at _____)

Total application deposit (Funds will be distributed as instructed in section 4)

6. Tell us about your total deposit

If your total initial deposit is less than \$100,000, skip to section 7.

To meet government requirements for opening an account, please tell us:

a) What is the source 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 future deposits?

Salary

Inheritance

Sale of property

Rent proceeds

Alimony

Business income

Other: (Describe) _____

7. Agreements and certifications

By signing section 8, 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 on this application, rely on the veracity and completeness of all the information provided to EverBank on this application or through written, verbal, electronic, or other methods. I hereby certify that all of the information provided to EverBank is true, complete, and accurate and that I will notify EverBank of any material change in such information or statements. I further understand, agree and certify to EverBank that:

- 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, and any other disclosures or addenda related to the accounts or services I have requested, each of which may be amended from time to time.

1. Not eligible as an IRA.

- I expressly consent to EverBank opening the account(s) and providing the service(s) requested on this application.
- 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 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 acknowledges and agrees to these terms and conditions.

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.

	_____	_____	_____	_____
	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