Add account holder



Use this form to add an account holder to your account. Enter your information clearly using blue or black ink.

1.	Your information							
	Name of existing account holder or attorney in fact		Security code (If left blank, your request could be delayed)					
	Account number(s)							
	Residential address (No PO boxes)		City		State	ZIP		
	s your residential address also your mailing address? O Yes O No (If no, provide your mailing address below.)							
	Mailing Address (if different from above)	City		State	ZIP			
	Home phone	Email						
	be gathered in section 3. As part of the process of adding a new account holder, we will conduct a review of that individual including obtaining his or her consumer report. 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.							
	a First name	M.I.		Last name				
	b First name	M.I.		Last name				
	c. First name	M.I.		Last name				
	d. First name	M.I.		Last name				

3. Additional account holder information

Provide the following information for the additional account holder being added. If you are adding more than one account holder, please proceed to the next page.

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 or is added to an account. For this reason, we will ask you for your name, address, date of birth, Social Security Number or other Taxpayer 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.

Personal inf	formation			
Title	First name	M.I.	Last name	Suffix
Social Secur	rity number/ITIN	Date o	f birth	
Home phone	e*	Mobile phone*	Email	
providers on now or in the message, of the mes	or any other company acting the future, by any method, inc and including at a number fo	expressly consent and agree the on its behalf may contact you cluding with an automatic tele r a cellular phone or other wirk y practices, please go to ever	at that number for any rea phone dialing system, prered eless device, regardless of w	son about your accounts, corded message, or text
Address info	ormation			
Residential o	address (No PO boxes)	City	State	ZIP
Is your reside	ential address also your mailii	ng address? () Yes () No (I	f no, provide your mailing addres	s below.)
Mailing add	ress (If different from above)	City		ZIP
	security code (Must be 6-20 let	provide your code when co		
		e that may be used to help you reco	ll vour code)	
	information	a marmay be used to help your cod	n your oode,	
lama: ○ l				
\circ ι	J.S. resident alien (Please provi	de your country)		
\circ N	Non-resident alien (Please prov	ride your country)		
Are you auth	norized to work in the United	States? ○ Yes ○ No		
Employmen	t information			
Status: O Er	mployed \bigcirc Self-employed	○ Retired ○ Student/m	nor O Not employed	
Employer no	ame	Position or title		Length of employment
Additional 1	features			
		wing for the account holder	hoing addod?	

Would you like to order either of the following for the account holder being added?

Order checks. New checks will be the same style as your previous order but with the names of all account holders; fees do apply.

Order Visa® Debit card. Debit card and PIN will be sent separately in 7-10 days.

Additional account holder

Please provide the following information for each additional account holder you wish to add. Copy this page as needed and return all pages when submitting this form.

Personal info	ormation					
Title	First name			Last name	Suffix	
Social Security number/ITIN			Date of birth			
Home phone	<u>)</u> *	Mobile phone*		Email		
providers c now or in th message, c	ng your phone number, you ex or any other company acting the future, by any method, incl and including at a number for learn more about our privacy	on its behalf may cont uding with an automa a cellular phone or oth	act you at that r itic telephone did ner wireless devi	number for any red aling system, prere ce, regardless of v	ason about your accounts, corded message, or text	
Address info	ormation					
Residential a	ddress (No PO boxes)	City		State		
Is your reside	ntial address also your mailin	g address? () Yes ()) No (If no, provid	le your mailing addre	ss below.)	
Mailing addr	Pess (If different from above)	City		State	ZIP	
Security Info	ormation					
help verify yours	code is a PIN, phrase or com our identity. You'll be asked to security code (Must be 6-20 lette	provide your code wl	nen contacting	us with questions	about your account.	
mother's maide	en name)					
Security code	e hint (Enter a keyword or phrase	that may be used to help y	ou recall your cod	e)		
Citizenship i	information					
lama: O U	.S. citizen					
○ U .	.S. resident alien (Please provid	e your country)				
\bigcirc N	on-resident alien (Please provi	de your country)				
Are you auth	orized to work in the United	States? O Yes O No	0			
Employment	t information					
Status: O Em	nployed O Self-employed	○ Retired ○ Stud	ent/minor 🔘	Not employed		
Employer na	me	Position or title			Length of employment	
Additional f	eatures					
	ce to order either of the follow	wing for the account I	holder being ac	lded?		

Order checks. New checks will be the same style as your previous order but with the names of all account holders; fees do apply.

Order Visa® Debit card. Debit card and PIN will be sent separately in 7-10 days.

4. Agreements and certifications

By signing section 5, and by maintaining 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 form in making the requested account change(s). I hereby certify that the information provided on this form and any accompanying documentation is 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 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 form, and to which I give my consent to EverBank providing, each of which may be amended from time to time.
- I authorize you to make any credit, employment, or other investigative inquiries you deem appropriate (including, without limitation, obtaining a consumer report) in connection with your 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 report(s).
- I understand that you 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.

5. Signature(s)

Note: The existing account holder making this request and all new account holders being added must sign below. By signing below, the existing account holder expressly requests and consents to adding the account holders identified above, and each new account holder being added expressly agrees to the terms and conditions described above.

>		
Signature	Existing account holder or agent as attorney in fact for existing account holder	Date
Signature	New account holder	Date
Signature	New account holder	Date
Signature	New account holder	Date
Sianature	New account holder	 Date

6. Submit

Upload this form and any additional documentation so that we can move forward in the quickest and most secure way. Simply log in to your account at everbank.com and:

- Select the **Actions** tab
- In the TIAA Documents section, select **Upload documents**
- Select Files you would like to upload
- Select **Folder** to upload files to and follow directions

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

