

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
Is your residential address also your mailing address? <input type="radio"/> Yes <input type="radio"/> No (If no, provide your mailing address below.)				
Mailing Address (if different from above)		City	State	ZIP
Home phone		Email		

2. Add account holder(s)

Please list all account holders you wish to add below. Additional information for each account holder you wish to add will 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 information

_____	_____	_____	_____	_____
Title	First name	M.I.	Last name	Suffix
_____		_____		
Social Security number/ITIN		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	ZIP
Is your residential address also your mailing address? <input type="radio"/> Yes <input type="radio"/> No (If no, provide your mailing address below.)			
_____	_____	_____	_____
Mailing address (If different from above)	City	State	ZIP

Security Information

Your security code is a PIN, phrase or combination of letters and numbers that provides an added layer of security we use to help verify your identity. You'll be asked to provide your code when contacting us with questions about your account.

Create your security code (**Must be 6-20 letters and/or numbers, no special characters. Do not use your Social Security number, date of birth or mother's maiden name**)

Security code hint (**Enter a keyword or phrase that may be used to help you recall your code**)

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

Additional features

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 will be sent 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 information

_____	_____	_____	_____	_____
Title	First name	M.I.	Last name	Suffix
_____		_____		
Social Security number/ITIN		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	ZIP
Is your residential address also your mailing address? <input type="radio"/> Yes <input type="radio"/> No (If no, provide your mailing address below.)			
_____	_____	_____	_____
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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

Additional features

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