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? O	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.			
0	First name	M.I.	Last name
b.			
D.	First name	M.I.	Last name
C.			
	First name	M.I.	Last name
d.			
	First name	M.I.	Last name
	First nume	IVI.I.	Lasthame

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 Securit	ity number/ITIN		Date of birth		
Home phone	\$*	Mobile phone*		Email	
providers o now or in th message, a	or any other company actin he future, by any method, in	g on its behalf may cor cluding with an autom or a cellular phone or c	ntact you at that i atic telephone di ther wireless dev	number for any l aling system, pre rice, regardless c	agents, subsidiaries, service reason about your accounts erecorded message, or text of whether you incur charge
Address info	ormation				
Residential a	ddress (No PO boxes)	City		State	ZIP
ls your resider	ntial address also your mail	ing address? () Yes	O No (If no, provi	de your mailing ade	dress below.)
Mailing addre	ess (If different from above)	City		State	ZIP
⊖ Ne		ovide your country)			
	t information nployed O Self-employe	d 🔾 Retired 🔿 Stu	dent/minor 🔾	Not employed	
Employer nar	me	Position or title			Length of employment
Additional fe Would you lik	eatures ke to order either of the foll	owing for the accoun	t holder being a	dded?	
fees do ap					of all account holders;
Order Vis	a® Debit card. Debit card a	and PIN will be sent sej	oarately in 7-10 c	lays.	

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 o	f birth	
Home phone*		Mobile phone*	Email	
providers or o now or in the message, and	any other company acting future, by any method, inc d including at a number for	on its behalf may contact you luding with an automatic tele	nat EverBank, its affiliates, ager u at that number for any reasc ohone dialing system, prerecc eless device, regardless of wh pank.com/legal/privacy.	on about your accounts, orded message, or text
Address inforr	nation			
Residential add	dress (No PO boxes)	City	State	ZIP
ls your residenti	ial address also your mailin	ig address? 🔿 Yes 🔿 No (I	f no, provide your mailing address b	pelow.)
Mailing addres	SS (If different from above)	City	State	ZIP
Citizenship inf	formation			
am a: 🔿 U.S.	citizen			
⊖ U.S .	resident alien (Please provid	le your country)		
O Nor	n-resident alien (Please provi	de your country)		
Are you author	ized to work in the United	States? 🔿 Yes 🔿 No		
Employment iı	nformation			
Status: 🔿 Emp	loyed 🔾 Self-employed	○ Retired ○ Student/mi	nor 🔿 Not employed	
Employer name	e	Position or title	Le	ength of employment
Additional fea	itures			
Would vou like	to order either of the follo	wing 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.

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
Signature	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:

- Navigate to the Document Center
- Select the Document Upload tab
- Select the files you would like to upload
- Review and accept the Terms and Conditions before uploading documents

Date verified

FC number

