Add account holder



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

Your information					
Name of existing account holder or attorney in fact		Security code	Security code (If left blank, your request could be delayed)		
Account number(s)					
Residential address (No PO boxes)		City	State	ZIP	
ls your residential address also you	ur mailing address? () '	Yes O No (If no, pr	rovide your mailing address below.)		
Mailing Address (if different from above)		City	State	ZIP	
Home phone		Email	Email		
Notes for Non Residents of EverBank's products and service in the United States. As a result, residential and mailing address information, as EverBank will b	ces are designed, offere if you are not physically ses, please do not proce	located within the ed with this form o	e United States and able to pro	vide U.S.	
illiomation, as Everbank will b	e diffable to process you	ii request.			
a. First name	M.I.		Last name		
b. First name			Last name		
c. First name			Last name		
dFirst name			 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.

Title	First name	M.I.	Last name	Suffix
Social Security number/ITIN		Date of	birth	
Home phone*		Mobile phone*	Email	
providers or now or in the message, an	any other company acting of the future, by any method, included including at a number for earn more about our privacy	spressly consent and agree the on its behalf may contact you uding with an automatic telepta cellular phone or other wire or practices, please go to everting the contact of the contact o	at that number for any reaso phone dialing system, prerecc eless device, regardless of wh	on about your accounts, orded message, or text
Address iiii oi	mation			
Residential ad	dress (No PO boxes)	City	State	ZIP
ls your resident	tial address also your mailind	g address? O Yes O No (II	no, provide your mailing address t	pelow.)
Mailing addre	SS (If different from above)	City	State	ZIP
Citizenship in	formation			
O10120110111P 111	citizen			
_	. CILIZEII			
lama: O U.S	i. resident alien (Please provid	e your country)		
lama: O U.S				
l am a: ○ U.S ○ U.S ○ No	. resident alien (Please provid	de your country)		
I am a: O U.S O U.S No Are you autho	is. resident alien (Please providen-resident alien (Please proviorized to work in the United S	de your country)		
I am a: O U.S O No Are you autho Employment i	n-resident alien (Please provid n-resident alien (Please provi rized to work in the United S information	de your country) States? Yes No	nor ○ Not employed	
I am a: O U.S O U.S No Are you autho Employment i	n-resident alien (Please provid n-resident alien (Please provi rized to work in the United S information	de your country)	nor O Not employed	
I am a: O U.S O No Are you autho Employment i Status: Emp	is, resident alien (Please provident alien (Please provident) alien (Please provident) alien the United State of the United St	de your country) States? Yes No		ength of employment
I am a: O U.S O No Are you autho Employment i	i. resident alien (Please provident alien (Please provident alien (Please provident) alien (Plea	de your country) States? Yes No Retired Student/mi		ength of employment

Order Visa® Debit card. Debit card 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.

Title	First name	M.I.	Last name	Suffix
Social Securit	y number/ITIN	Date	of birth	
Home phone*		Mobile phone*	Email	
providers or now or in the message, ar	any other company acting e future, by any method, inc nd including at a number for earn more about our privacy	on its behalf may contact you uding with an automatic tel	that EverBank, its affiliates, age ou at that number for any reaso ephone dialing system, prereco ireless device, regardless of wh rbank.com/legal/privacy.	on about your accounts, orded message, or text
		- City	Charles	710
	ldress (No PO boxes) tial address also your mailin	City g address? () Yes () No	State (If no, provide your mailing address	ZIP
,	,		, , ,	
Mailing addre	SS (If different from above)	City	 State	ZIP
Citizenship in	formation			
lama: 🔾 U.S	5. citizen			
○ U.S	3. resident alien (Please provid	le your country)		
	n-resident alien (Please provi	de your country)		
Are you autho	orized to work in the United	States? O Yes O No		
Employment	information			
Status: O Emp	oloyed O Self-employed	○ Retired ○ Student/n	ninor O Not employed	
Employer nan	ne	Position or title	Le	ength of employment
Additional fe	atures			
		. 6 11		
Would you like	e to order either of the follo	wing for the account holds	r being addea?	

fees do apply.

Order Visa® Debit card. Debit card 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 all the information provided to EverBank 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 promptly 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 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 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

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