Add account holder



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

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 you are not able to provide U.S. residential and mailing addresses, please do not proceed with this form or provide us with any of your personal information, as EverBank will be unable to process your request.

1.	Your information							
	Name of existing account holder	Security coc	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	your mailing address? ()	Yes O No (If no,	es 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. Non-U.S. residents can only be added to an account in person at an EverBa Financial Center.							
	a. First name	M.I.		Last name				
	b. First name			Last name				
	cFirst name			Last name				
	d First 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 c now or in the message, and	any other company acting of future, by any method, including at a number for arn more about our privacy	on its behalf may contact you uding with an automatic telep	at EverBank, its affiliates, agent at that number for any reason phone dialing system, prerecon- eless device, regardless of whe pank.com/privacy.	about your accounts, ded message, or text
Address inform	nation			
Residential add	ress (No PO boxes)	City	State	ZIP
ls your residention	al address also your mailing	g address? O Yes O No (II	no, provide your mailing address be	elow.)
Mailing address	S (If different from above)	City	State	ZIP
	ormation			
Citizenship inf				
_	citizen			
lama: O U.S.	citizen resident alien (Please provid	e your country)		
Lam a: O U.S. O U.S.				
Lam a:	resident alien (Please provide	de your country)		
I am a: O U.S. O U.S. O Non Are you authori	resident alien (Please provideresident alien (Please providered to work in the United S	de your country)		
I am a: O U.S. O U.S. O Non Are you authori Employment in	resident alien (Please provideresident alien (Please providered to work in the United Statements)	de your country) States? Yes No	nor ∩ Not employed	
U.S.NonAre you authoriEmployment in	resident alien (Please provideresident alien (Please providered to work in the United Statements)	de your country)	nor O Not employed	
I am a: O U.S. O U.S. O Non Are you authori Employment in	resident alien (Please provider-resident alien (Please providersed to work in the United Statements) Iformation oyed Self-employed	de your country) States? Yes No		ngth of employment
I am a: O U.S. O Non Are you authori Employment in Status: O Empl	resident alien (Please provideresident alien (Please provideresident alien (Please providered to work in the United Staformation oyed O Self-employed	de your country) States? Yes No Retired Student/mi		ngth 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 o now or in th message, a	r any other company acting he future, by any method, inc nd including at a number for earn more about our privacy	on its behalf may contact you luding with an automatic tel a cellular phone or other w	that EverBank, its affiliates, age ou at that number for any reaso ephone dialing system, prereco reless device, regardless of wh rbank.com/privacy.	on about your accounts, orded message, or text
		- City	Ctata	
	ddress (No PO boxes) ntial address also your mailin	City ag address? Yes No	State (If no, provide your mailing address)	
 Mailing addre	ess (If different from above)	City	State	ZIP
Citizenship i	nformation			
lam a: () U.				
	S. resident alien (Please provid			
	on-resident alien (Please provi			
Are you author	orized to work in the United	States? () Yes () No		
Employment	information			
	ployed O Self-employed	○ Retired ○ Student/n	ninor O Not employed	
Employer nar	me	Position or title	Le	ength of employment
Additional fe	eatures			
	e to order either of the follo	wing for the account holds	r boing addod?	
Would you lik	e to order entrier or the rollo	wing for the account holde	i being daded?	

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.

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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:

- 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)	
For deposit operat	tions use only: For Power of Atto	rney/Agent requests, le	gal approval obtair	ned on	