

# Add Power of Attorney



Use this form to add a Power of Attorney to an account. Do not use this form for Trust accounts. For Trust accounts, please call 1.888.882.3837. Enter your information clearly using blue or black ink.

## 1. Account holder information

|                        |  |  |       |     |
|------------------------|--|--|-------|-----|
| Name of account holder |  | Security code <b>(Not applicable if completed by attorney in fact)</b> |       |     |
| Account number(s)      |  |  |       |     |
| Address                |  | City   | State | ZIP |
| Home phone             |  | Email  |       |     |

## 2. Add attorney in fact (Power of Attorney)

**Note:** This section should be completed by the agent being added. As part of the process of adding a new agent, we will conduct a review of that individual including requesting his or her consumer report. The new agent, must sign this form.

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. **(If adding more than one agent, copy pages 1-2 as needed and return with form.)**

### Personal information

|                            |               |               |           |        |
|----------------------------|---------------|---------------|-----------|--------|
| Title                      | First name    | M.I.          | Last name | Suffix |
| Social Security number/TIN |               | 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](http://everbank.com/legal/privacy).

### Address information

|   |      |       |         |     |
|---|------|-------|---------|-----|
| Residential address <b>(No PO boxes)</b>  | City | State | Country | ZIP |
| Is your residential address also your mailing address? <input type="radio"/> Yes <input type="radio"/> No <b>(If no, provide your mailing address below.)</b> |      |       |         |     |
| Mailing address <b>(If different from above)</b>  | City | State | Country | ZIP |

### 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**3. Order new checks**

Checks will only be issued in the name of the principal account holder(s).

**Order checks.** New checks will be the same style as your previous order; fees do apply.

**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 opening or 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 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 application, and to which I give my consent to EverBank opening and/or providing, each of which may be amended from time to time.
- I authorize you 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 reports.
- 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]

By signing below the undersigned acknowledges and agrees to these terms and conditions.

 \_\_\_\_\_ Date  
Account holder or agent as attorney in fact for account holder

 \_\_\_\_\_ Date  
Attorney in fact

**Check here if the principal is incapacitated.**

### 6. Notary information

 \_\_\_\_\_ Date  
Attorney in fact signature

\_\_\_\_\_  
State of

\_\_\_\_\_  
County of

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

by \_\_\_\_\_, who is personally known by me or who produced appropriate identification to me.

\_\_\_\_\_  
Notary Public signature (SEAL)

\_\_\_\_\_  
Notary name **(Print first and last name)**

\_\_\_\_\_  
Notary state                      Commission expiration date

\_\_\_\_\_  
Commission number

### 7. 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)**