

Manage trustees



Use this form to add or remove a Trustee on your account(s). Enter your information clearly using blue or black ink.

1. Account information

Name of trustee requesting change _____ Security code (If left blank, your request could be delayed) _____

Account number(s) _____

In consideration of EverBank maintaining one or more accounts for the Trust named below, I the undersigned Trustee(s), certify to EverBank the following:

Trust title (Example: John Smith Trustee(s) for the benefit of Ann Smith; or the John Smith Living Trust) _____ Trust date _____

This Trust account is a(n): Revocable Trust Irrevocable Trust

2. Add trustee[s]

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 form or provide us with any of your personal information, as EverBank will be unable to process your request.

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 1 trustee, copy pages 1-2 as needed and return with 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 _____ Country _____ ZIP _____

Is your residential address also your mailing address? Yes No (If no, provide your mailing address below.)


Mailing address (If different from above) _____ City _____ State _____ Country _____ ZIP _____

5. Signature(s)

By signing below, I understand and agree that EverBank will rely on the veracity and completeness of the information on this form in maintaining the account(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 represent that I have read the Account Terms, Disclosures and Agreements Booklet and agree to be bound by the same as in effect and as may be amended from time to time. I authorize you to obtain a consumer/credit report and check my employment history as part of this request, and to obtain consumer/credit reports in the future when updating, renewing, or extending my relationship with EverBank. Upon my request, you will tell me whether a consumer report was requested, and the names and addresses of any consumer reporting agencies that provided such reports.

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.

Trustee signature(s): Each existing and any new Trustee who is authorized to sign on, manage or otherwise control the account should sign below.

	_____	_____	_____
	Authorized Trustee signature	Authorized Trustee name	Date
	_____	_____	_____
	Authorized Trustee signature	Authorized Trustee name	Date
	_____	_____	_____
	Authorized Trustee signature	Authorized Trustee name	Date
	_____	_____	_____
	Authorized Trustee signature	Authorized Trustee name	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)
---------------	---------------	-----------	-----------------------------------------------------