

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:

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 able to provide U.S. residential and mailing addresses, 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.

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 _____

Citizenship informationI 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. Remove trustee(s)**

For each Trustee you'd like removed, provide their name and select the reason for their removal. Also include a copy of any supporting documentation such as a death certificate, court order, physician's affidavit or trust document.

A. _____
 First name _____ M.I. _____ Last name _____
 Reason for removal: ☐ **Death** ☐ **Incapacity** ☐ **Resignation** ☐ **Removal** ☐ **Other:** (Explain and provide documentation) _____

B. _____
 First name _____ M.I. _____ Last name _____
 Reason for removal: ☐ **Death** ☐ **Incapacity** ☐ **Resignation** ☐ **Removal** ☐ **Other:** (Explain and provide documentation) _____

C. _____
 First name _____ M.I. _____ Last name _____
 Reason for removal: ☐ **Death** ☐ **Incapacity** ☐ **Resignation** ☐ **Removal** ☐ **Other:** (Explain and provide documentation) _____

D. _____
 First name _____ M.I. _____ Last name _____
 Reason for removal: ☐ **Death** ☐ **Incapacity** ☐ **Resignation** ☐ **Removal** ☐ **Other:** (Explain and provide documentation) _____

4. Other trust certifications and indemnification

EverBank, National Association ("EverBank") has the authority to accept orders and other instructions relative to the Trust account(s) from the Trustee(s) listed below. The Trustee(s) may execute any documents on behalf of the Trust which EverBank may require. Any Trustee listed below may individually act on behalf of the trust. By signing below I certify that:

- I am a Trustee and have the powers under the Trust Agreement and applicable law to open, fund, make withdrawals from and otherwise manage and maintain deposit accounts, including deposit accounts holding funds wholly or partially denominated in non-United States currencies, on behalf of and in the name of the Trust.
- To the extent the Trust Agreement designates multiple Trustees, I certify that I have full authority to act on behalf of the trust without the consent of any other Trustee(s), by agreement between all Trustees or by the terms of the Trust Agreement.
- EverBank may presume that all of my actions as Trustee with respect to the Account(s) listed above are properly authorized until such time that EverBank has received written notice that I no longer have such authority.
- I, individually and jointly and severally with any other Trustees, agree to indemnify and hold EverBank harmless from any liability for effecting transactions involving the accounts listed above, should EverBank act pursuant to the instructions given by any of the Trustee(s) listed below on this agreement or by any successor Trustee(s).
- I have provided EverBank a copy of the required Trust documents (or portions thereof) establishing the Trust solely to comply with EverBank customer identification procedures and to verify the identity of the Trust. I further certify that EverBank has no obligation to review the Trust document(s) or to advise any Trustee or other party on the effectiveness of the Trust, or to advise any Trustee or other party on the permissibility under the Trust documents of the appointment of any person as successor or new Trustee or to otherwise ensure any Trustee acts in accordance with the Trust Agreement.
- I agree to inform EverBank in writing, of any amendment to the Trust Agreement, any change in the composition of the Trustee(s) and/or any other event which could alter the certifications made above.

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 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)
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