

Trustee certification



Use this form to open a new account as a Trust. This form must accompany your application. Enter your information clearly using blue or black ink.

1. Account information

In consideration of EverBank opening/maintaining one or more accounts for the Trust named below, I the undersigned Trustee, 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

Tax ID Type: SSN TIN

Tax ID Number: _____

2. Certification of beneficiary eligibility

An interest-bearing demand deposit account cannot be provided to the Trust if any Trust beneficiary is one of the following (an "Ineligible Entity"):

- organization operated for profit
 - credit union or other mutual depository institution
 - mutual insurance company
 - crop financing organization or farmers' cooperative, or
 - organization created to function as part of a qualified group legal services plan
- I certify that NONE of the beneficiaries of the Trust is an Ineligible Entity as defined above. If any entity that is not an individual shall become a beneficiary of the Trust, I shall notify EverBank in writing immediately of said changes to the Trust. If this certification is an error and the bank is fined by reasons thereof, the depositor shall reimburse EverBank for the amount of the fine.
- I certify that one or more of the beneficiaries of the Trust is an Ineligible Entity as defined above.

3. 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.

4. 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 notify EverBank promptly 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): All Trustees who are 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

5. 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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