

Change business name



Use this form to change the organization name on a business account. Enter your information clearly using blue or black ink.

1. Business information

This form may be used to change a business name only when (1) all authorized signers remain the same and (2) the Tax Identification Number remains the same. If you need to make other changes to your business account, please contact our Business Banking Team at 1.866.371.3831, opt 5. All sections of this form must be completed before we can make this change.

Business account number(s)

Tax ID Number

2. Change the business name on your account

Business name currently on account

New business name on account

Name of authorized signer requesting change

Authorized signer security code **(Required)**

3. Required documents for name change

Needed for all accounts

Provide all that apply.

- Letter from business explaining situation and reason for name change
- Documentation the ITIN has been reassigned with the IRS
- Documentation of the notification sent to state and/or local government of the name change
- Documentation of what was used to amend originating paperwork ([See list below for your business type](#))

Needed for specific accounts

Provide all that apply.

Corporation

- Articles of Incorporation

Limited Liability Company (LLC)

- Articles of Organization, Operating Agreement, if applicable

Partnership (General, Limited, or Limited Liability Partnership)

- Partnership Agreement, Certificate of Formation from the State

Sole Proprietorship

- Business License, Fictitious Name Registration (DBA), if applicable

Non-profit Organization

- Articles of Incorporation
- Copy of amended document showing name change
- Meeting minutes verifying the officers
- Form 501(c)(3) or nonprofit designation letter from the IRS

Homeowners Association

- Articles of Incorporation
- Meeting minutes verifying the officers

4. Control person and beneficial equity owners

Notes for Non Residents of the United States:

Due to rules applicable to individuals located outside of the United States, EverBank does not offer its products and services to businesses in the following circumstances: 1) If the business has any authorized signers or beneficial owners located in the following countries: Austria, Belgium, Bulgaria, Croatia, Republic of Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and the United Kingdom; 2) If the business has any authorized signers who are not presently residents of the United States.

As a result, if the business meets either of these circumstances, please do not proceed with this form or provide us with any personal information of any authorized signer or beneficial owner, as EverBank will be unable to process your request.

To help the government fight financial crime, Federal regulation requires us to obtain, verify, and record information about the "Beneficial Owners" of business applicants. Businesses can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

As defined by relevant Federal regulation, "Beneficial Owners" are:

- (1) an individual with significant responsibility for managing the business (for example, a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer), and
- (2) individuals that directly or indirectly own 25% or more of the business.

For purposes of completing this application, the individual who satisfies (1) above is the "Control Person" and the individuals, if any, who satisfy (2) above are the "Beneficial Equity Owners".

The number of individuals that satisfy the government's definition of "Beneficial Owner" may vary. Under Section 4b, depending on the factual circumstances, up to four Beneficial Equity Owners (but as few as zero) may need to be identified. Regardless of the number of Beneficial Equity Owners identified under Section 4b, you must provide the identifying information of the one Control Person under Section 4a. It is possible that in some circumstances the same individual might be identified under both sections (for example, the President of Acme, Inc. who also holds a 30% equity interest). Therefore, to complete this Section 4, you must provide the identifying information of at least one individual under Section 4a, and up to five individuals in total (that is, the one Control Person under Section 4a and up to four Beneficial Equity Owners that directly or indirectly own 25% or more of the business under Section 4b).

4a. Control Person information

Please provide the following information for the Control Person:

Control Person name	Title (e.g., CEO, CFO, COO)	Date of birth		
Control Person Social Security number/ITIN	Business phone			
Physical address (No PO boxes)	City	State	Country	ZIP

Is the Control Person also a Beneficial Equity Owner who directly or indirectly owns 25% or more of the business.

Yes No

Percentage owned: _____

Citizenship information

The Control Person is a: U.S. citizen

U.S. resident alien (Please provide country and passport #) _____

Non-resident alien (Please provide country and passport #) _____

4b. Beneficial Equity Owner(s) information

Are there any other Beneficial Equity Owners who directly or indirectly own 25% or more of the business who you did not previously identify in Section 4a (the Control Person). **Yes** **No** (If yes, please provide the following information for each such Beneficial Equity Owner.)

Note: Non-Profit applicants do not need to identify any Beneficial Equity Owners.

1. _____
Beneficial Equity Owner name Date of birth

_____ _____ _____
Beneficial Equity Owner Social Security number/ITIN Business phone Percentage owned

_____ _____ _____ _____ _____
Physical address (No PO boxes) City State Country ZIP

Citizenship Information

The Beneficial Equity Owner is a: **U.S. citizen**
 U.S. resident alien (Please provide country and passport #) _____
 Non-resident alien (Please provide country and passport #) _____

2. _____
Beneficial Equity Owner name Date of birth

_____ _____ _____
Beneficial Equity Owner Social Security number/ITIN Business phone Percentage owned

_____ _____ _____ _____ _____
Physical address (No PO boxes) City State Country ZIP

Citizenship Information

The Beneficial Equity Owner is a: **U.S. citizen**
 U.S. resident alien (Please provide country and passport #) _____
 Non-resident alien (Please provide country and passport #) _____

3. _____
Beneficial Equity Owner name Date of birth

_____ _____ _____
Beneficial Equity Owner Social Security number/ITIN Business phone Percentage owned

_____ _____ _____ _____ _____
Physical address (No PO boxes) City State Country ZIP

Citizenship Information

The Beneficial Equity Owner is a: **U.S. citizen**
 U.S. resident alien (Please provide country and passport #) _____
 Non-resident alien (Please provide country and passport #) _____

4. _____
Beneficial Equity Owner name Date of birth

_____ _____ _____
Beneficial Equity Owner Social Security number/ITIN Business phone Percentage owned

_____ _____ _____ _____ _____
Physical address (No PO boxes) City State Country ZIP

Citizenship Information

The Beneficial Equity Owner is a: **U.S. citizen**
 U.S. resident alien (Please provide country and passport #) _____
 Non-resident alien (Please provide country and passport #) _____

5. EverBank agreements

By signing sections 6 or 7, maintaining or otherwise using 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 making the requested account changes. I hereby certify that the information provided on this form and any accompanying documentation, as well as the statements in the Certificate of Authority and Resolution set forth in the Business and Non-Personal Account Terms, Disclosures, and Agreements Booklet, are true, complete, and accurate and that I will promptly 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 Business and Non-Personal Account Terms, Disclosures and Agreements Booklet, the Deposit Account Fee Schedule, Online Banking Service Agreement, and any other disclosures or addenda related to the accounts or services I have requested, each of which may be amended from time to time.
- I authorize EverBank to obtain verifications on me as an individual, in connection with the account application and any other account applications made by the business, and I acknowledge that EverBank requests this information to help verify individuals' identities, to reduce fraudulent accounts, to prevent access to financial information and accounts by unauthorized persons, and for other legitimate business reasons. Further, I authorize EverBank to communicate either explicitly or implicitly, to any co-applicant and to any co-owner, director, officer, or employee of the business if the information obtained from any such verification or report causes, in whole or in part, EverBank to decide to deny the account application for the business.
- I authorize EverBank to make or have made investigative inquiries it deems appropriate in connection with its determination to open, renew, update, maintain, or collect on the account(s) referenced on this form.
- I understand that EverBank cannot honor any request to require multiple authorized signers for any transaction on any account.
- 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.

Statement of Liability for Owners of Sole Proprietorships, Single-Members LLCs, and General Partnerships. By signing sections 6 or 7, opening or otherwise using an EverBank account, in consideration of advances, extensions of credit, and other instruments for payment of money made to or for the account applied for, I unconditionally guarantee to EverBank the prompt payment of claims of every nature and description of EverBank against the Company (including those arising out of or in any way connected with any instrument deposited with or purchased by EverBank).

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.

Backup Withholding Certifications. For federal tax purposes, a U.S. person includes an individual who is a U.S. citizen or U.S. resident alien; a U.S. partnership, corporation, or company; and domestic trusts and estates. The following certifications relate to this tax status and reporting obligations applicable to EverBank. Non-U.S. persons do not make these certifications and should check the box below where indicated and provide the corresponding additional documentation.

Please note that these certifications are being made by the Business applicant and relate to the Business applicant's information and tax status.

Under penalty of perjury I certify that:

1. The taxpayer identification number I have given on this application is correct; and;
2. I am a U.S. citizen or other U.S. person; and
3. I am not subject to backup withholding because:
 - (a) I am exempt from backup withholding, or
 - (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
 - (c) the IRS has notified me that I am no longer subject to backup withholding; and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Check this box if you and/or the Business have been notified by the IRS that you and/or the Business are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Check this box if you are not a U.S. person. The Business must be registered and have a presence within the U.S. to be eligible for a deposit account. We will contact you if additional documentation is needed.

6. Certification of authority and resolution—application and effect

Part 1. Application: The Certificate of Authority and Resolution set forth in the Business and Non-Personal Account Terms, Disclosures and Agreements Booklet (the "Certificate") and the Signature Card in section 7 apply only to the account(s) identified on this form (the "Account(s)").

Part 2. Effect: The Certificate supersedes any prior corporate or other resolutions executed by the Business and related to the Account(s). The Certificate and the Signature Card apply to all transactions and agreements related to the Account(s) between the Business and EverBank, even if entered into by the Business prior to the adoption of this Certificate (which prior transactions and agreements are hereby ratified in all respects), and shall remain in full force and effect in all respects until the close of business on the third Business Day after EverBank receives written notice of the modification or revocation thereof at EverBank’s offices located at: EverBank, PO Box 44060, Jacksonville, FL 32231. Any new Certificate must be approved by EverBank, in its sole discretion, before it will be effective.

By signing below, you understand and agree that you are executing the Backup Withholding certification in section 5 of this form, and the Certificate of Authority and Resolution set forth in the Business and Non-Personal Account Terms, Disclosures, and Agreements Booklet.

The signatories below certify that they are duly authorized by the business applicant to establish the Account(s) and to sign on the business applicant’s behalf. Each signatory must be a corporate officer, managing member, general partner, or other individual authorized by the business applicant to represent the business applicant in connection with the Account(s).

Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Part 3: Required Signatories for the Business

Corporation—Two corporate officers (president and one other) together and the corporate secretary Initial Sponsor Review

Limited Liability Company (manager managed)—All managers



Limited Liability Company (member managed)—All members

General Partnership—All partners

Limited Partnership—General partner

Sole Proprietorship—Owner’s signature


Non-Profit Organization and Homeowners’ Association—President and the corporate secretary

	_____	_____	_____	_____
	Signature	Print name	Title	Date
	_____	_____	_____	_____
	Signature	Print name	Title	Date
	_____	_____	_____	_____
	Signature	Print name	Title	Date
	_____	_____	_____	_____
	Signature of Secretary	Print name		Date

7. Signature card—authorized signer(s) for the business

All individuals authorized to control the Account(s) must sign below if the business applicant would like these individuals to make account transactions or changes.

I, the undersigned Authorized Signer, hereby acknowledge that I have read this form, the Business and Non-Personal Account Terms, Disclosures and Agreements Booklet, and all related documents, disclosures, and agreements, and I agree to be bound by the terms, conditions and restrictions therein.

	_____	_____	_____	_____
	Signature	Print name	Title	Date
	_____	_____	_____	_____
	Signature	Print name	Title	Date
	_____	_____	_____	_____
	Signature	Print name	Title	Date
	_____	_____	_____	_____
	Signature	Print name	Title	Date
	_____	_____	_____	_____
	Signature	Print name	Title	Date
	_____	_____	_____	_____
	Signature	Print name	Title	Date
	_____	_____	_____	_____
	Signature	Print name	Title	Date

8. Submit

The form-approving authorized signer can submit the completed form to us through BOB using their specific login credential by selecting the **Administration** tab, then **Communications**, then **Contact Us** and add the attachment(s). Alternatively, we require an authorized signer with a security code to call us at 1.855.563.3177 so we can set up secure delivery of your form via encrypted email. We're available weekdays from 8 a.m.–5 p.m. (ET).

For bank use only: _____

Verify client Date verified FC number Associate name (**Print first & last name**)