

Manage authorized signers



Use this form to add or remove an authorized signer from your business account(s). Enter your information clearly using blue or black ink.

1. Business information

Name of business or organization (**Account title**)

Would you like changes to all accounts? **Yes** **No**

If no, provide applicable account number(s) below.

Business account number(s)

Name of authorized signer requesting change

Authorized signer security code (**Required**)

Authorized signer phone

Authorized signer email

2. Remove authorized signer(s)

Note: If the person who is filling out this form is not a current authorized signer and authorized signers are being removed, please call us at 1.855.563.3177.

Would you like to remove all current authorized signers? **Yes** **No**

First name

M.I.

Last name

Social Security number/ITIN

First name

M.I.

Last name

Social Security number/ITIN

First name

M.I.

Last name

Social Security number/ITIN

First name

M.I.

Last name

Social Security number/ITIN

First name

M.I.

Last name

Social Security number/ITIN

First name

M.I.

Last name

Social Security number/ITIN

3. Add authorized signer(s)*

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.

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 an account. For this reason, we will ask you for your name, address, date of birth, Social Security number or other Tax 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 you have additional authorized signers, copy this page as needed and return with this form.)**

Personal information

Business title: **President** **Vice president** **Partner** **Treasurer** **Member** **Other:** _____

Title First name M.I. Last name Suffix

Authorized signer Social Security number/ITIN Date of birth

Home phone** Mobile phone** Email

Are you a Beneficial Equity Owner who directly or indirectly owns 25% or more of the business. **Yes** **No**

Percentage owned: _____ **(For more information on Beneficial Equity Owners, please see Section 4)**

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

Security information

Your security code is a PIN, phrase or combination of letters and numbers that provides an added layer of security we use to help verify your identity. You'll be asked to provide your code when contacting us with questions about your account.

Security code must be 6-20 letters and/or numbers, no special characters. Do not use your Social Security number, date of birth or mother's maiden name.

Create your security code

Security code hint **(Enter a keyword or phrase to help you recall your code)**

Citizenship information

I am a: **U.S. citizen**

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

Are you authorized to work in the United States? **Yes** **No**

* Only Authorized Signer(s) can make account transactions or changes.

** 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.

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

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 3 (Add Authorized Signer(s)) or 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. Agreements and certifications

By signing sections 6 or 7, opening 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 application in opening the requested account(s). I hereby certify, to the best of my knowledge, that the information provided in the application 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 or services 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 on this form, 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 EverBank to obtain verifications on me as an individual, in connection with the account 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(s), 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, Ever Bank, 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.

Under penalties 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 have been notified by the IRS that you 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. Non-U.S. persons (that is, persons who are not a U.S. citizen, U.S. resident alien, or other U.S. person) will need to provide EverBank with the applicable IRS Form W-8 (to certify foreign status; electronic copies will not be accepted), a copy of your valid passport and proof of residence.

6. Certification of authority and resolution—application and effect

Part 1. Application: The Certificate of Authority and Resolution set forth below (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 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 the 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.

- a) The Business, and each person who signs this form or other documentation, understands and agrees that EverBank will rely on the veracity and completeness of the information on this form and in such documentation in taking the action requested on this form. The Business, and each person who signs an account application certifies that the information provided on this form and any accompanying documentation is true, complete and accurate. The Business, and each person who signs this form or other documentation, agrees to promptly notify EverBank of any material changes to such information and to provide EverBank with additional information requested by EverBank, from time to time, in its discretion.
- b) The Business, and each person who signs this form, has received, reviewed and hereby agrees to be bound by the terms and conditions applicable to the selected Account(s) and services, as set forth in the Business and Non-Personal Account Terms and Disclosures Booklet (the “Account Agreement”), including any and all applicable amendments thereto, Services Documentation and Service Addendum, and any other agreements for the Account(s) or services the Business opens or uses at EverBank. Use of any EverBank deposit account, product or service, by the Business will confirm the Business’ receipt of, and agreement to be bound by, the applicable terms, conditions, and fees.
- c) Each person identified as an Authorized Signer and each person signing this form authorizes EverBank to obtain verifications on him/her as an individual in connection with the Account(s) and any other account applications made by the Business. Each Authorized Signer and each person signing this form acknowledges 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. Should the information obtained from any such verification or report cause EverBank to decide to deny the account application for the Business, each Authorized Signer and each person signing this form authorizes EverBank to communicate either explicitly or implicitly, to any co-applicant and to any co-owner, director, officer, or employee of the Business that the denial was based in whole or in part on such information.
- d) Each person identified below as an Authorized Signer on the Account(s) is authorized, in the name of and on behalf of the Business, on such terms as EverBank may require, to:
 1. enter into, modify, terminate and otherwise act in any manner with respect to the Account(s) and any agreement between the Business and EverBank or EverBank’s affiliates for accounts and/or services offered by EverBank or its affiliates;
 2. bind the Business to the performance of any agreement or transaction entered into by the Business with EverBank;
 3. authorize (by signing or otherwise) withdrawals from or debits to the Account(s) and the payment of checks or other items (collectively, “Items”) drawn on the Account(s), including without limitation any Item payable to (a) the order of the person who authorized the Item, (b) EverBank or any other person for the benefit of the person who authorized the Item;
 4. authorize (by signing or otherwise) the endorsement of Items for deposit, cashing or collection;
 5. give instructions to EverBank in writing (whether the instructions include the manual signature or a signature that purports to be the facsimile or other mechanical signature, including without limitation a stamp of an Authorized Signer as the Business’s authorized signature without regard to when or by whom or by what means or in what ink color the signature may have been made or affixed), orally, by telephone or by any electronic means in regard to any Item and the transaction of any business relating to the Account(s) and/or the services offered on or through those Account(s), and the Business shall indemnify and hold EverBank harmless for acting in accordance with such instructions;
 6. lend or borrow money or securities in the name of and on behalf of the Business and to secure the repayment thereof with the property of the Business;
 7. pay in cash or by check or draft drawn upon the funds of the Business any sums required to be paid in connection with any Account(s);
 8. sign for and on behalf of the Business all releases, assignment, powers of attorney or other documents in connection with any Account(s);

- 9. order the transfer or delivery of any securities, funds, or other property held by EverBank or its affiliates on behalf of the Business to any name, and to accept delivery of any securities, funds, or other property on behalf of the Business;
 - 10. direct the sale or exercise any rights with respect to any securities or other property;
 - 11. endorse any securities or other property in order to pass title thereto (or any interest therein);
 - 12. direct EverBank to surrender any securities or other property for the purpose of effecting any exchange or conversion thereof or otherwise; and
 - 13. generally take all such action as such Authorized Signer may deem necessary or desirable to implement or facilitate the authority described in this Certificate of Authority and Resolution.
- e) If a password or code must be communicated to EverBank in order to authorize an Item or other transaction, and the password or code is communicated, the Item or transactions will be binding on the Business regardless of who communicated the code or password.
- f) If the Business is a tribal government or tribal government agency, the Business hereby waives sovereign immunity for suit with respect to the Business's use of any EverBank Account(s), product or service referred to in this Certificate.
- g) The Business, and each person who signs this form, or any other application or document submitted to EverBank, represents and warrants to EverBank and its affiliates that each person who signs this form holds the position indicated on this form, or any other application or document submitted to EverBank, and that the signature appearing for such person is authentic.
- h) The Business, and each person who signs this form, represents and warrants to EverBank and its affiliates that the Business has approved this Certificate, or granted each person who signs this form on behalf of the Business the authority to approve this Certificate, in accordance with all applicable law, all governing documents, and any other applicable resolutions or requirements of the Business.

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 on this form.

The signatories below certify that they are duly authorized by the business applicant to complete this form 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

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)