

# Personal Banking Account Application

Complete this application if you're applying for: Yield Pledge® Checking Account, Yield Pledge Money Market Account, Yield Pledge Savings, Yield Pledge Certificate of Deposit or CDARS® Certificate of Deposit. If you want to apply for a different account, visit [EverBankAdvisor.com](http://EverBankAdvisor.com).

## ▶ Important

### INVESTMENT PROFESSIONAL INFORMATION

Investment Professional Name and ID

Investment Firm Name

We ask that you use blue or black ink.

Mail your completed application, initial deposit and any required documentation to:  
EverBank • 11 Oval Drive, Suite 107 • Islandia, NY • 11749-1416  
OR Fax: 877.471.6459



*Do traditional things—in original ways—at EverBank.*

## ▶ Checklist – Personal Banking Accounts

### REQUIRED DOCUMENTATION FOR ALL ACCOUNTS

- If you've lived at your address less than 1 year, provide a copy of 1 of these: driver's license, utility bill, rental agreement or mortgage statement
- Copy of the Power of Attorney, if applicable

### INDIVIDUAL RETIREMENT ACCOUNTS (IRAs)

\*Include the applicable form(s) with application:

- |  |  |
|--|--|
| <input type="checkbox"/> IRA Simplifier                  | <input type="checkbox"/> Inherited IRA Simplifier      |
| <input type="checkbox"/> IRA Transfer Request            | <input type="checkbox"/> Inherited Roth IRA Simplifier |
| <input type="checkbox"/> IRA Rollover Certification      | <input type="checkbox"/> ESA Simplifier                |
| <input type="checkbox"/> Roth IRA Simplifier             | <input type="checkbox"/> ESA Transfer Request          |
| <input type="checkbox"/> Roth IRA Transfer Request       | <input type="checkbox"/> ESA Rollover Certification    |
| <input type="checkbox"/> Roth IRA Rollover Certification |  |

### TRUST ACCOUNTS—IRREVOCABLE

- Trust Tax Identification Number (TIN)
- Copy of entire Irrevocable Trust
- EverBank® Trustee Certification\*

### CDARS CERTIFICATE OF DEPOSIT

- CDARS Deposit Placement Agreement\*

### TRUST ACCOUNTS—REVOCABLE

If the Grantor(s) is the Trustee(s) and is using his/her Social Security Number, include with application:

- Copy of page in Trust Document describing the Trust
- Copy of signature page in Trust with Grantor(s)' and Trustee(s)' signatures
- EverBank Trustee Certification\*

If the Grantor(s) and Trustee(s) are different and/or not using the Grantor's Social Security Number as the Tax ID for the Trust, include with application:

- Copy of entire Revocable Trust
- EverBank Trustee Certification\*

\* Available at [EverBankAdvisor.com/OpenAnAccount](http://EverBankAdvisor.com/OpenAnAccount)

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.

## 1 Choose Account Type

Select only one of the following account types.

**Individual Account:**

Is this Individual Account Payable on Death (POD)?  Yes—Complete Section 3  No

**Joint Account with Rights of Survivorship:**

Is this Joint Account Payable on Death (POD)?  Yes—Complete Section 3  No

**Custodial Account:** Complete Section 4 (if applicable)

**Trust Account:**

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

\_\_\_\_\_  
Name of Trust/Account Title

\_\_\_\_\_  
Trust/Account Tax ID Number

Tax ID Type:  SSN  TIN

**Individual Retirement Account (IRA):**  Traditional IRA  Roth IRA  Inherited IRA  Inherited Roth IRA  ESA IRA

This IRA is a:  Rollover  Transfer  \_\_\_\_\_ Contribution Year

## 2 Tell Us About the Applicant(s)

### ▶ PRIMARY APPLICANT/MINOR/TRUSTEE

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Residential Address (no P.O. Boxes)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Country

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Mailing Address (if different from above)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Country

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Length at Current Address (in years and months)

\_\_\_\_\_  
E-mail Address

Home Phone

\_\_\_\_\_  
 Business Phone

Please check your preferred method of phone contact.

Mobile Phone

Employment Status:  Employed  Self-Employed  Retired  Student/Minor  Homemaker  Other \_\_\_\_\_

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Position

#### Required Security Information:

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number/TIN

\_\_\_\_\_  
Mother's Maiden Name

#### Citizenship Information—I am a:

U.S. citizen

Legal or permanent resident of the U.S. but not a U.S. citizen  
*Please provide Country and Passport Number below.*

Neither a legal resident nor a citizen of the U.S.  
*Please provide Country and Passport Number below.*

\_\_\_\_\_  
Country

\_\_\_\_\_  
Passport Number

#### The following fields are required if you apply for an Overdraft Line of Credit in Section 5.

\_\_\_\_\_  
Employer Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Country

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Length of Employment

\_\_\_\_\_  
Employer Phone

\_\_\_\_\_  
Gross Annual Salary

## 2 Tell Us About the Applicant(s) (continued)

### ▶ SECONDARY APPLICANT/CUSTODIAN/TRUSTEE/ATTORNEY IN FACT (POWER OF ATTORNEY)

_____ First Name		_____ M.I.	_____ Last Name			
_____ Residential Address (no P.O. Boxes)			_____ City	_____ State	_____ Country	_____ ZIP
_____ Mailing Address (if different from above)			_____ City	_____ State	_____ Country	_____ ZIP
_____ Length at Current Address (in years and months)			_____ E-mail Address			
<input type="checkbox"/> Home Phone			<input type="checkbox"/> Business Phone			
_____ <input type="checkbox"/> Mobile Phone			<i>Please check your preferred method of phone contact.</i>			
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student/Minor <input type="checkbox"/> Homemaker <input type="checkbox"/> Other _____						
_____ Employer Name			_____ Position			

#### Required Security Information:

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number/TIN

\_\_\_\_\_  
Mother's Maiden Name

#### Citizenship Information—I am a:

U.S. citizen

Legal or permanent resident of the U.S. but not a U.S. citizen  
*Please provide Country and Passport Number below.*

Neither a legal resident nor a citizen of the U.S.  
*Please provide Country and Passport Number below.*

\_\_\_\_\_  
Country

\_\_\_\_\_  
Passport Number

#### The following fields are required if you apply for an Overdraft Line of Credit in Section 5.

_____ Employer Address		_____ City	_____ State	_____ Country	_____ ZIP
_____ Length of Employment	_____ Employer Phone		_____ Gross Annual Salary		

## 3 Choose Account Beneficiaries

**Required** if your account is Payable on Death (POD)—not required if you're applying for an IRA. You may provide up to 4 beneficiaries.

Name: First/Middle/Last	Birth Date	Social Security Number
1. _____	□□ / □□ / □□□□	□□□ - □□ - □□□□
2. _____	□□ / □□ / □□□□	□□□ - □□ - □□□□
3. _____	□□ / □□ / □□□□	□□□ - □□ - □□□□
4. _____	□□ / □□ / □□□□	□□□ - □□ - □□□□

## 4 Select Custodial Account Successor

**Optional** if you have chosen a Custodial Account and would like to nominate an individual to act as Custodian in the event the named Custodian dies, resigns, is unable or unwilling to serve as Custodian.<sup>1</sup>

**Name:** First/Middle/Last

\_\_\_\_\_

**Birth Date**

□□/□□/□□□□

**Social Security Number**

□□□-□□-□□□□

## 5 Choose FDIC Insured Account(s) and Service(s)

### Yield Pledge® Checking Account

**Optional Overdraft Protection**—Select one:

Overdraft Line of Credit *(subject to credit approval)\**

OR

Yield Pledge Money Market or Savings Account Overdraft Protection—Select either:

New Account\*\*

Existing Account \_\_\_\_\_  
Specify Existing Account Number

**Initial Deposit:**

*\$1,500 minimum*

### Yield Pledge Money Market Account

**Initial Deposit:**

*\$1,500 minimum*

### Yield Pledge Savings Account

**Initial Deposit:**

*\$1,500 minimum*

\* Remember to complete Employer Information in Section 2.

\*\*If opening a new Yield Pledge Money Market or Savings Account for Overdraft Protection, be sure to check this off in the Yield Pledge Checking Account, Yield Pledge Money Market Account and Yield Pledge Savings Account sections.

<sup>1</sup> Depending on the state laws applicable to the Custodial Account, this section may not be an appropriate or effective way to designate a successor custodian. By allowing you to name a successor, EverBank makes no legal representation as to the appropriateness or effectiveness of the designation for your particular account. Please contact your legal counsel with any questions regarding naming a successor custodian for your account.

## 5 Choose FDIC Insured Account(s) and Service(s) (continued)

### Yield Pledge Certificate of Deposit

Specify your deposit amount next to the term of your choice.

Term	Deposit (\$)	Term	Deposit (\$)	Term	Deposit (\$)	Term	Deposit (\$)	Term	Deposit (\$)
3 mo		9 mo		1.5 yr		2.5 yr		4 yr	
6 mo		1 yr		2 yr		3 yr		5 yr	

**Total Initial Deposit:**

*\$1,500 minimum per CD*

### CDARS® Certificate of Deposit<sup>2</sup>

Specify your deposit amount next to the term of your choice.

Term	Deposit (\$)	Term	Deposit (\$)	Term	Deposit (\$)	Term	Deposit (\$)	Term	Deposit (\$)
3 mo		6 mo		1 yr		2 yr		3 yr	

**Total Initial Deposit:**

*\$10,000 minimum per CD*

## 6 Tell Us More About Your Initial Deposit

If your initial deposit is less than \$100,000 or if you are opening an IRA, you are not required to complete this section. You can skip to Section 7. You only need to complete this section if your initial deposit is greater than \$100,000.

To meet government account opening requirements, we ask you:

a) What is the source of your initial deposit?

- Salary
  Inheritance
  Sale of property  
 Rent proceeds
  Alimony
  Business income  
 Other: *(describe)* \_\_\_\_\_

**Note:** If you are only opening a CD, skip to Section 7.

b) What is the source of future deposits?

- Salary
  Inheritance
  Sale of property  
 Rent proceeds
  Alimony
  Business income  
 Other: *(describe)* \_\_\_\_\_

<sup>2</sup> Limits apply. Funds may be submitted for placement only after a depositor enters into a CDARS Deposit Placement Agreement with us. The agreement contains important information and conditions regarding the placement of funds by us. CDs are Placed each week on Thursday or the next business day thereafter. Early withdrawal penalties apply. A minimum deposit of \$10,000 is required to open the CD. CDARS and Certificate of Deposit Account Registry Service are registered service marks of Promontory Interfinancial Network, LLC. Published rates and APYs are not applicable to CDs in excess of \$5 million; please call for a rate quote.

## 7 Fund Account(s)

**Use funds from my existing EverBank Account** (Account No.) \_\_\_\_\_

**Write a check payable to the account holder(s) or trust** (Only 1 check required, accounts funded by check must be mailed)

**Wire funds:**  U.S. Dollars  Foreign Currency (Specify) \_\_\_\_\_

Preferred contact method:  Phone \_\_\_\_\_  E-mail \_\_\_\_\_

**Transfer funds from an existing IRA**

**Note:** Transferring funds from an existing IRA requires the applicable Transfer Request or Rollover Certification, available at EverBankAdvisor.com/OpenAnAccount.

**Total deposit with this application:**

Funds will be distributed as instructed in Section 5

## 8 EverBank Agreements

By signing Section 10, opening or otherwise using an EverBank Account(s), I (we) understand and agree that EverBank will rely on the veracity and completeness of the information on this application in opening the requested account(s). I (we) hereby certify that the information provided in the application and any accompanying documentation is true, complete, and accurate and that I (we) will notify EverBank of any material change in such information. I (we) agree/understand that:

- I (we) have read and agree to be bound by the Terms and Conditions of the account as set forth in the Personal Account Terms, Disclosures and Agreements Booklet, including without limitation the Personal Terms and Conditions Agreement and Deposit Account Fee Schedule as may be amended from time to time.
- I (we) authorize you to obtain a consumer/credit report and check my (our) employment history as part of this application, and to obtain consumer reports in the future when updating, renewing, or extending my (our) relationship with EverBank. Upon a request received from an Authorized Signer(s), EverBank will provide the Authorized Signer(s) with information on whether a consumer report was obtained and the names and addresses of any consumer-reporting agency from which EverBank obtained such report(s).
- I (we) understand that EverBank may release information regarding my (our) account(s), including account delinquencies and voluntary closures, to consumer and/or credit reporting agencies.

In our sole discretion, we may accept signature cards, agreements or other documents that you have signed and sent to us by electronic means, including but not limited to telefacsimile (fax), secure email, or other file transmittal processes we might offer. If you do send us any such document by electronic means, you agree that we may rely on it and on your signature, and that the document is binding on you even if you do not deliver the original signed document to us.

## 9 Investment Professional Information Sharing Disclosure and Consent

**Yes, I (we) accept Investment Professional Information Sharing**—Check here to agree to information sharing with your designated Investment Professional

Your Investment Professional participates in EverBank Advisor Services, a banking program built specifically for Investment Professionals who wish to help their clients obtain high-value banking services through EverBank. EverBank Advisor Services can provide useful tools to you and your advisor—tools that can help your Investment Professional help you.\*

An important benefit of this program is the opportunity for your Investment Professional to view certain information about your pending account application(s) and EverBank deposit account(s), including without limitation your name; your account type(s); your periodic balance(s); your CD maturity date(s); transactional history; and your application status. Your Investment Professional may use this information to assist you with your total financial planning needs. This information may also be made available to your Investment Professional's designated associate(s) and/or his/her Financial Firm (collectively referred to as "Your Designee").

This information will be made available to Your Designee through: (1) an Advisors-only website behind a secure log in; (2) other secure data aggregation services to which Your Designee may subscribe, or (3) other means as EverBank deems reasonable and appropriate. The information available to Your Designee will only allow Your Designee to monitor your pending application(s) and EverBank account(s) with the basic information detailed above.

Selecting this information-sharing option does NOT authorize Your Designee to conduct any transactions with your account(s). Your Designee is not authorized to conduct transactions on your account(s).

**You have the right to change your preferences for information-sharing with Your Designee, including changing Your Designee or opting-out of this type of sharing, at any time by sending your request in writing to: Security and Privacy—Opt-Out, EverBank, 11 Oval Drive, Suite 107, Islandia, NY, 11749-1416.**

Please note, there may be other instances when EverBank will share information about you. All other information-sharing is governed by the privacy notice which can be found at [EverBankAdvisor.com](http://EverBankAdvisor.com) and is also included in your new account package.

\* Your Investment Professional participates in EverBank Advisor Services, which is designed to allow your Investment Professional to offer you products and services offered by EverBank. EverBank's relationship with your investment professional is through a joint marketing agreement for the sale of banking products only. Otherwise, there is no affiliation. EverBank has no relationship with or control over your Investment Professional with respect to any financial advice, securities, or other non-EverBank products or services offered by your Investment Professional. EverBank does not warrant or otherwise make any representation as to the quality of the advice given to you by your Investment Professional.

