

Business and Non-Personal CD maturity instructions, and Control Person and Beneficial Owners certification form



Use this form to provide maturity instructions for your Business and Non-Personal Certificate of Deposit account and to certify to us Control Person and Beneficial Equity Owner Information. Enter your information clearly using blue or black ink.

1. Business information

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

Name of authorized signer requesting change

Security code (**Required**)

Authorized signer phone

Authorized signer email

2. CD information

If providing instructions for multiple CDs on this form, the same instruction must apply to all CD accounts.

Note: If you would like to provide different instructions for different CDs, please submit separate forms. You may also contact the Business Banking Team at 1.866.371.3831, opt 5.

CD account number

Maturity date

CD account number

Maturity date

CD account number

Maturity date

CD account number

Maturity date

Type of CD	Renewal type
Business CD	Automatically renew if we don't hear from you. You have a grace period of 10 calendar days from the maturity date to withdraw funds in the account without being charged an early withdrawal penalty.
CDARS® CD	Does not automatically renew. You must provide instructions in either Section 3 or Section 4 prior to maturity.
LIBOR Index CD	Cannot be rolled over or renewed. You must complete Section 4.

3. Select renewal option

Refer to your Account Terms, Disclosures and Agreements Booklet for complete CD renewal policies, which can be found on our website.

Renew with full balance (principal plus interest). The new CD will be for:

the same term

Note: If this is not an IntraFi CD and you select this option, you do not need to complete Section 5.

a new term: _____

Renew and add additional funds. The new CD will be for:

the same term **a new term:** _____

Additional deposit amount¹: _____

How would you like to fund the additional deposit amount?

Fund additional amount from an existing EverBank account. Account number: _____

(In-person in a Financial Center only): Fund by cash or check.

Renew and take a partial withdrawal. The new CD will be for:

the same term **a new term:** _____

Withdrawal amount: _____

How would you like to receive your withdrawn funds?

Deposit into an existing EverBank account. Account number: _____

Send a U.S. dollar check.

Wire funds. U.S. dollar wire transfer form.

(In-person in a financial center only): Issue a U.S. dollar check.

4. Select CD closing/non-renewal option

If you are selecting to close or not rollover your CD(s), you do not need to complete Section 5.

Deposit into an existing EverBank account. Account number: _____

Deposit into a new account with the same title. Streamlined business account application

Send a U.S. dollar check.

Wire funds. U.S. dollar wire transfer form required.

(In-person in a financial center only): Issue a U.S. dollar check.

5. 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 form, 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 5b, 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 5b, you must provide the identifying information of the one Control Person under Section 5a. 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 5, you must provide the identifying information of at least one individual under Section 5a, and up to five individuals in total (that is, the one Control Person under Section 5a and up to four Beneficial Equity Owners that directly or indirectly own 25% or more of the business under Section 5b).

5a. Control Person information

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 #) _____

5b. 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 5a (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 #)

Beneficial Equity Owner's 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 #)

Beneficial Equity Owner's 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 #)

Beneficial Equity Owner's 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 #)

Beneficial Equity Owner's country and passport #

6. Authorized signer certification and signature

By signing below, I certify that I have read, understand and agree to the Business and Non-Personal Account Terms, Disclosures and Agreements Booklet applicable to the CD for which the instructions above are being provided, and I give consent to EverBank, National Association ("EverBank") to follow the instructions indicated above.

In addition, by signing below, I understand and agree that EverBank, will rely on the veracity and completeness of the information on this form. I hereby certify, to the best of my knowledge, that the information provided in this form and any accompanying documentation, is true, complete, and accurate and that I will promptly notify EverBank of any change in such information or statements. I agree/understand and certify to EverBank that:

- The information contained on this form, and any accompanying documentation, may be relied upon for purposes of identifying the Beneficial Owners of all accounts that the business identified on this form (a) currently has at EverBank, or at any of its affiliates, and (b) may open in the future at EverBank, or any of its affiliates, unless I notify EverBank of any change in such information.
- The information on this form supersedes any information previously given to EverBank regarding the Beneficial Owners of the business identified on this form.

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.

 _____ _____
Authorized signer Date

7. 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).

1. Any funds that are added at maturity will become subject to an early withdrawal penalty.

For bank use only: Additional notes: _____

_____ Verify client	_____ Date verified	_____ FC number	_____ Associate name (Print first & last name)
_____ CD check amount	_____ Date issued		