Account Agreement

Date: 08/08/2013

Institution Name & Address

FineMark National Bank and Trust
600 - 5th Avenue S
Suite 202
Naples, FL 34102

Internal Use 7210624732

Account Title & Address

Margaret A Crowther
Casey D Crowther

3950 Williamson Rd
Fort Myers FL 33905

Ownership of Account

The specified ownership will remain the same for all accounts.

(For consumer accounts, select and initial.)

☐ Single-Party Account _____ ☐ Multiple-Party Account _____
☒ Multiple-Party Account - Tenancy by the Entireties _____
☐ Corporation - For Profit ☐ Corporation - Nonprofit
☐ Partnership ☐ Sole Proprietorship ☐ Limited Liability Company
☐ Trust-Separate Agreement Dated: _____
☐ _____

Beneficiary Designation

(Check appropriate ownership above - select and initial below.)

☐ Single-Party Account _____
☐ Single-Party Account with Pay-On-Death (POD) _____
☒ Multiple-Party Account with Right of Survivorship _____
☐ Multiple-Party Account with Right of Survivorship and POD _____
☐ Multiple-Party Account without Right of Survivorship _____
☐ _____ _____

Beneficiary Name(s), Address(es), and SSN(s)

(Check appropriate beneficiary designation above.)

☐ If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1.

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.

Owner/Signer Information 1

Name	Margaret A Crowther
Relationship	Entireties
Address	3950 Williamson Rd Fort Myers, FL 33905
Mailing Address (if different)	
Home Phone	(239)848-5414
Work Phone	(239)337-0433
Mobile Phone	
E-Mail	
Birth Date	08/03/1985
SSN/TIN	590-70-1471
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	C636-561-85-783-0 On File
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Owner/Signer Information 2

Name	Casey D Crowther
Relationship	Entireties
Address	3950 Williamson Rd Fort Myers, FL 33905
Mailing Address (if different)	
Home Phone	(239)872-7467
Work Phone	(239)872-7467
Mobile Phone	
E-Mail	
Birth Date	09/02/1985
SSN/TIN	593-88-8937
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	C636-104-85-322-0 On File
Other ID (Description, Details)	
Employer	Crowther Roofing
Previous Financial Inst.	

Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

☒ Terms and Conditions ☒ Privacy
☒ Electronic Fund Transfers ☒ Truth in Savings
☒ Substitute Checks ☒ Funds Availability
☒ Common Features ☐ _____

☐ Convenience Account Agent (See Owner/Signer Information for Convenience Account Agent designation(s).)

1 [x Margaret A Crowther]
2 [x Casey D Crowther]
3 [x] 4 [x]

Owner Signer Information 3	
Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Owner Signer Information 4	
Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Backup Withholding Certifications

(If not a "U.S. Person," certify foreign status separately.)

TIN: 590-70-1471

☒ **Taxpayer I.D. Number (TIN)** - The number shown above is my correct taxpayer identification number.

☒ **Backup Withholding** - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

☐ **Exempt Recipients** - I am an exempt recipient under the Internal Revenue Service Regulations.

I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

X _____ 8/14/13 (Date)

Margaret A Crowther

Non-Individual Owner Information	
Name	
EIN	
Phone	
Mobile Phone	
E-Mail	
Type of Entity	
State/Country & Date of Organization	
Nature of Business	
Address	
Mailing Address (if different)	
Authorization/ Resolution Date	
Previous Financial Inst.	

Account Description	Account #	Initial Deposit Source
Personal Checking	7210624732	$ ☐ Cash ☐ Check ☐
		$ ☐ Cash ☐ Check ☐
		$ ☐ Cash ☐ Check ☐

Services Requested

☐ ATM ☒ Debit/Check Cards (No. Requested: 2)

☐ _____ ☐ _____

☐ _____ ☐ _____

Other Terms/Information

EX_135_002