

Account Agreement

Date: 01/23/2014

Institution Name & Address

FineMark National Bank and Trust

12681 Creekside Lane
Fort Myers, FL 33919

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 Crowther
Relationship	Authorized Signer
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	Foundation For Lee County Public Schools
Previous Financial Inst.	

Owner/Signer Information 2

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.	

Internal Use**Account Title & Address**

Crowther Horses

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.)

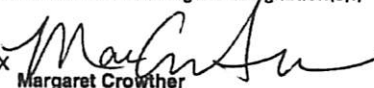
☐ If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1

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 Crowther

2 [x]

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.	

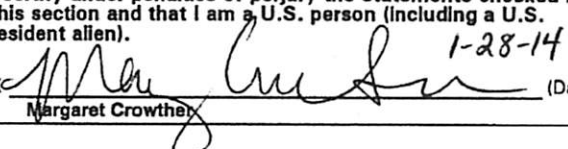
Backup Withholding Certifications

(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  (Date) 1-28-14
Margaret Crowther**Non-Individual Owner Information**

Name	Crowther Horses
EIN	
Phone	(239)848-5414
Mobile Phone	
E-Mail	
Type of Entity	Sole Proprietorship
State/Country & Date of Organization	FL / USA 1/7/2014
Nature of Business	
Address	3950 Williamson Rd Fort Myers, FL 33905
Mailing Address (if different)	
Authorization/ Resolution Date	
Previous Financial Inst.	

Account Description	Account #	Initial Deposit Source
Small Business CheckIn	5935378794	\$ ☐ Cash ☐ Check ☐
		\$ ☐ Cash ☐ Check ☐
		\$ ☐ Cash ☐ Check ☐

Services Requested

☐ ATM	☒ Debit/Check Cards (No. Requested: 1)
☐	☐
☐	☐

Other Terms Information