

TRUIST SIGNATURE CARD (FLORIDA)

NAME AND ADDRESS OF DEPOSITOR
HERNANDO COUNTY SCHOOL BOARD
919 N. BROAD ST
BROOKSVILLE, FL 34601

ACCOUNT NUMBER ██████████ 2745	OWNERSHIP DESIGNATION STATE	ACCOUNT OPENING DATE	REVISED CARD DATE 11/18/2024
-----------------------------------	--------------------------------	----------------------	---------------------------------

Opened/Updated By _____ Approved By **E.TORRES/D43740** Branch Location **8551271**

IDENTIFICATION

Type of ID **Lexis** Issued By **FL** ID Number **173079811R113416** Expiration Date _____ Date of Birth _____

Second Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____

Employer _____ Cell Phone Number (____) _____ Home Phone Number (____) _____

Address as listed on ID _____ Work Phone Number (____) _____

IDENTIFICATION

Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____ Date of Birth _____

Second Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____

Employer _____ Cell Phone Number (____) _____ Home Phone Number (____) _____

Address as listed on ID _____ Work Phone Number (____) _____

Check Appropriate Box for Depositor

Individual / Sole Proprietor / single-member LLC C Corporation S Corporation Partnership Trust/Estate Limited Liability Company

Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)

Note: Check the appropriate box in line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (See Instructions.) STATE _____

Exemptions: See Instructions Exempt Payee code (if any) Exemption from FATCA reporting code (if any) N/A (applies to accounts maintained outside the U.S.)

Certification - Under penalties of perjury, I, as authorized agent of the Depositor certify that:

- 1. The Depositor's correct taxpayer identification number is printed below (or the Depositor is waiting for a number to be issued), and*
- 2. The Depositor is not subject to backup withholding because: (a) the Depositor is exempt from backup withholding, or (b) the Depositor has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Depositor that it is no longer subject to backup withholding, and*
- 3. The Depositor is a U.S. citizen or other U.S. person (defined in the instructions); and*
- 4. The FATCA codes(s) entered on this form (if any) indicating that the Depositor is exempt from FATCA reporting is correct.*

Certification Instructions. You must cross out item 2 above if the Depositor has been notified by the IRS that the Depositor is currently subject to back withholding because the Depositor has failed to report all interest and dividends on the Depositor's tax return.

Form W-9 Instructions. Instructions to the Form W-9, including definitions, are available upon request.

Complete as applicable - only one beneficiary permitted if an entity.

Name of Beneficiary: _____ SSN/EIN: _____ Relationship: _____

Address of Beneficiary: _____

ID: _____

Name of Beneficiary: _____ SSN/EIN: _____ Relationship: _____

Address of Beneficiary: _____

ID: _____

Name of Beneficiary: _____ SSN/EIN: _____ Relationship: _____

Address of Beneficiary: _____

ID: _____

BUSINESS ACCOUNTS

By my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Services Agreement" and the "Business Deposit Accounts Fee Schedule" and on behalf of the Depositor agree to the terms of each document; and (2) I/We give consent to verify my/our credit references.

Please sign beside the Printed Name(s) only. If signature line does not have a Printed Name, then a signature is not required on that line.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications in the box above which are required to avoid backup withholding.

596000647

TIN of Depositor

HERNANDO COUNTY SCHOOL BOARD

Printed Name of Depositor

Printed Name/Title: **Ray Pinder/Superintendent**

DATE

Ray Pinder

TIN of Signer

Printed Name of Signer

DATE

TRUIST SIGNATURE CARD ADDENDUM (FLORIDA)

This addendum is made part of the signature card attached herewith for the sole purpose of permitting additional signers thereto.

ACCOUNT NUMBER ██████████ 2745	OWNERSHIP DESIGNATION STATE	ACCOUNT OPENING DATE	REVISED CARD DATE 11/18/2024
-----------------------------------	--------------------------------	----------------------	---------------------------------

Opened/Updated By _____ Approved By _____ Branch Location 8551271

IDENTIFICATION

Type of ID Lexis Issued By FL ID Number 173079811R113416 Expiration Date _____ Date of Birth _____
 Second Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____
 Employer _____ Cell Phone Number (____) _____ Home Phone Number (____) _____
 Address as listed on ID _____ Work Phone Number (____) _____

IDENTIFICATION

Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____ Date of Birth _____
 Second Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____
 Employer _____ Cell Phone Number (____) _____ Home Phone Number (____) _____
 Address as listed on ID _____ Work Phone Number (____) _____

IDENTIFICATION

Date of Birth _____

Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____
 Second Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____
 Employer _____ Cell Phone Number (____) _____ Home Phone Number (____) _____
 Address as listed on ID _____ Work Phone Number (____) _____

Complete as applicable - only one beneficiary permitted if an entity.

Name of Beneficiary: _____ SSN/EIN: _____ Relationship: _____
 Address of Beneficiary: _____
 ID: _____

Name of Beneficiary: _____ SSN/EIN: _____ Relationship: _____
 Address of Beneficiary: _____
 ID: _____

Name of Beneficiary: _____ SSN/EIN: _____ Relationship: _____
 Address of Beneficiary: _____
 ID: _____

BUSINESS ACCOUNTS

By my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Services Agreement" and the "Business Deposit Accounts Fee Schedule" and on behalf of the Depositor agree to the terms of each document; and (2) I/We give consent to verify my/our credit references.

Please sign beside the Printed Name(s) only. If signature line does not have a Printed Name, then a signature is not required on that line.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications in the box above which are required to avoid backup withholding.

NA _____ Shannon Rodriguez _____ DATE _____
 TIN of Signer Printed Name

 TIN of Signer Printed Name DATE

 TIN of Signer Printed Name DATE