

TRUIST SIGNATURE CARD (FLORIDA)

NAME AND ADDRESS OF DEPOSITOR HERNANDO COUNTY SCHOOL BOARD PAYROLL FUND 919 N BROAD ST SPRING HILL, FL 34606			
ACCOUNT NUMBER [REDACTED]	OWNERSHIP DESIGNATION STATE	ACCOUNT OPENING DATE 01/01/1951	REVISED CARD DATE 4/22/2024

Opened/Updated By E.Torres Approved By E.TORRES/D43740 Branch Location 851371

IDENTIFICATION			
Type of ID <u>Lexis</u>	Issued By <u>FL</u>	ID Number <u>173079811R113416</u>	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 (____) _____		

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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: _____		
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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	HERNANDO COUNTY SCHOOL BOARD		
TIN of Depositor	Printed Name of Depositor	Printed Name/Title: <u>Ray Pinder / Interim Superintendent</u>	DATE
	<u>RAY PINDER</u>		
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	OWNERSHIP DESIGNATION	ACCOUNT OPENING DATE	REVISED CARD DATE
	STATE	01/01/1951	4/22/2024

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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 ()

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

Name of Beneficiary: SSN/EIN: Relationship:
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TIN of Signer	Linda Prescott Printed Name		DATE
TIN of Signer	Printed Name		DATE
TIN of Signer	Printed Name		DATE