TRUIST SIGNATURE CARD (FLORIDA)

NAME AND ADDRESS OF DEPOSITOR HERNANDO COUNTY SCHOOL BOARD PAYROLL FUND 919 N BROAD ST SPRING HILL, FL 34606 ACCOUNT OPENING DATE | REVISED CARD DATE ACCOUNT NUMBER OWNERSHIP DESIGNATION STATE 01/01/1951 4/22/2024 Approved By E.TORRES/D43740 Opened/Updated By___E.Torres Branch Location IDENTIFICATION Type of ID Lexis ID Number 173079811R113416 Issued By FL Expiration Date Second Type of ID_ _____ Expiration Date _ Issued By ID Number Cell Phone Number (__ Home Phone Number (_ Work Phone Number (_ Address as listed on ID IDENTIFICATION _ Expiration Date _ __ Issued By ____ ID Number_ Date of Birth Second Type of ID — Issued By ____ ID Number___ __ Expiration Date _ 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 = P artnership) Note: Check the apprpriate box in line above for the tax classification of the single-member er 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 penalities of perjury, I, as authorized agent of the Depositor certify that: The Depositor's correct taxpayer identification number is printed below (or the Depositor is waiting for a number to be issued), and
 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
 The Depositor is a U.S. citizen or other U.S. person (defined in the instructions); and
 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: SSN/EIN: Name of Beneficiary: Relationship: Address of Beneficiary: ID: SSN/EIN: _ Name of Beneficiary: 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 DATE Printed Ray Pinder / Interim Superintendent 'Name/Title: 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.

Opened/Updated ByE.TO		STATE	ESIGNATIO		01/01/1		4/22/2024
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