

# Account Agreement

Date: 07/17/2017**Institution Name & Address**FIRST FLORIDA INTEGRITY BANK  
PINE RIDGE OFFICE  
3580 PINE RIDGE ROAD  
NAPLES, FL 34109-0000

Internal Use 255117 CDA

**Account Title & Address**IMMOKALEE WATER AND SEWER DISTRICT  
1020 SANITATION RD  
IMMOKALEE, FL 34142**Owner/Signer Information**

Name	JOSEPH J BRISTER	
Relationship	AUTHORIZED SIGNER	
Address	1210 NEW MARKET RD W IMMOKALEE, FL 34142	
Mailing Address (if different)		
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	DL# B623490660500 FL Is 12/27/2013 Ex 02/10/2022	
Other ID (description, details)		
Employer	BRISTER FUNERAL HOME	
Previous Financial Inst.		
E-Mail	BRISTER@EMBAROMAIL.COM	
Work Phone	(239) 657-3500	
Home Phone: (239) 657-3500	Mobile Phone:	
Birth Date: 02/10/1966	SSN/TIN: 592-12-2418	

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2. If checked, this is a temporary account agreement.Number of signatures required for withdrawal: 2**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 & Conditions     Truth in Savings     Funds Availability  
 Electronic Fund Transfers     Privacy     Substitute Checks  
 Common Features     Fee Schedule

 Convenience Account Agent (See Owner/Signer Information for Convenience Account Agent designation(s).)**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  
 Sole Proprietorship or Single Member LLC     Partnership  
 LLC-enter tax classification ( C Corp  S Corp  Partnership)  
 C Corporation     S Corporation     PUBLIC FUNDS  
 Trust-Separate Agreement Dated: \_\_\_\_\_

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

**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.)

- (1): [ X \_\_\_\_\_ ]  
JOSEPH J BRISTER  
I.D. # 592-12-2418    D.O.B. 02/10/1966
- (2): [ X \_\_\_\_\_ ]  
PATRICIA ANNE GOODNIGHT  
I.D. # 267-76-1315    D.O.B. 11/06/1944
- (3): [ X \_\_\_\_\_ ]  
BONNIE S KEEN  
I.D. # 266-80-2994    D.O.B. 02/14/1947
- (4): [ X \_\_\_\_\_ ]  
FRED N THOMAS JR  
I.D. # 089-30-3949    D.O.B. 10/12/1939

Owner/Signer Information 2	
Name	PATRICIA ANNE GOODNIGHT
Relationship	AUTHORIZED SIGNER
Address	803 TIPPINS TER IMMOKALEE, FL 34142
Mailing Address (if different)	
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	DL# G352681449060 FL Is 10/19/2012 Ex 11/06/2020
Other ID (description, details)	
Employer	UNEMPLOYED U
Previous Financial Inst.	
E-Mail	PAGOODNIGHT@AOL.COM
Work Phone	(239) 377-0001
Home Phone: (239) 250-3914	Mobile Phone: (239) 250-3914
Birth Date: 11/06/1944	SSN/TIN: 267-76-1315

Owner/Signer Information 3	
Name	BONNIE S KEEN
Relationship	AUTHORIZED SIGNER
Address	1521 W ROBERTS AVE IMMOKALEE, FL 34142
Mailing Address (if different)	
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	DL# K500077475540 FL Is 12/10/2012 Ex 02/14/2021
Other ID (description, details)	
Employer	SELF EMPLOYED/INDEPENDENT SALES D
Previous Financial Inst.	
E-Mail	OKEEN@EARTHLINK.NET
Work Phone	(239) 503-4822
Home Phone: (239) 657-6905	Mobile Phone: (239) 503-4822
Birth Date: 02/14/1947	SSN/TIN: 266-80-2994

Owner/Signer Information 4	
Name	FRED N THOMAS JR
Relationship	AUTHORIZED SIGNER
Address	1020 SANITATION RD IMMOKALEE, FL 34142
Mailing Address (if different)	
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	DL# T520254393720 FL Is 08/16/2006 Ex 10/12/2018
Other ID (description, details)	
Employer	IMMOKALEE WATER SEWER DISTRICT
Previous Financial Inst.	
E-Mail	
Work Phone	(239) 658-3630
Home Phone:	Mobile Phone:
Birth Date: 10/12/1939	SSN/TIN: 089-30-3949

**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.

Non-Individual Owner Information	
Name	IMMOKALEE WATER AND SEWER DISTRICT
State, Country & Date of Organization	
Nature of Business	WATER & SEWER
Address	1020 SANITATION RD IMMOKALEE, FL 34142
Mailing Address (if different)	
Authorization/Resolution Date	
Previous Financial Inst.	
E-Mail	evadeyo@iw-sd.com
Phone	(239) 658-3630
EIN: 59-1200443	Mobile Phone:

Account Description	Account #	Initial Deposit/Source
CDA -	255117	\$ 515,925.31
CD 48 - 59		<input type="checkbox"/> Cash <input type="checkbox"/> Check
MONTH >		<input checked="" type="checkbox"/> TRANSFER - CH
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check

Services Requested	
<input type="checkbox"/> ATM	<input type="checkbox"/> Debit/Check Cards (No. Requested: _____)
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Backup Withholding Certifications	
(If not a "U.S. Person", certify foreign status separately)	
<input checked="" type="checkbox"/> By signing signature field (1) on this document, I certify under penalties of perjury that the statements made in this section are true and that I am a U.S. citizen or other U.S. person (as defined in the instructions).	
<input checked="" type="checkbox"/> Taxpayer I.D. Number - TIN: 59-1200443 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.	
<input checked="" type="checkbox"/> 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.	
<input type="checkbox"/> Exempt Recipients. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____	
<b>FATCA Code.</b> The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	

Other Terms/Information	
I concur with the Ownership of Account as indicated on page 1 _____	
I concur with the Beneficiary Designation as indicated on page 1 _____	

# Corporate Authorization Resolution

FIRST FLORIDA INTEGRITY BANK  
 PINE RIDGE OFFICE  
 3580 PINE RIDGE ROAD  
 NAPLES, FL 34109-0000

**By:** IMMOKALEE WATER AND SEWER DISTRICT  
 1020 SANITATION RD  
 IMMOKALEE, FL 34142

*Referred to in this document as "Financial Institution"*

*Referred to in this document as "Corporation"*

I, **BONNIE KEEN**, certify that I am Secretary (clerk) of the above named corporation organized under the laws of **FLORIDA**, Federal Employer I.D. Number **59-1200443**, engaged in business under the trade name of **IMMOKALEE WATER AND SEWER DISTRICT**, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Board of Directors of the Corporation duly and properly called and held on **JULY 17, 2017** (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

**Agents.** Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature <i>(if used)</i>
JOSEPH J BRISTER A. <u>CHAIRMAN</u>	X	X _____
PATRICIA ANNE GOODNIGHT B. <u>VICE CHAIR</u>	X	X _____
BONNIE S KEEN C. <u>SECRETARY</u>	X	X _____
FRED N THOMAS JR D. <u>TREASURER</u>	X	X _____
E. _____	X _____	X _____
F. _____	X _____	X _____

**Powers Granted.** (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
_____	(1) Exercise all of the powers listed in this resolution.	_____
A, B, C, D	(2) Open any deposit or share account(s) in the name of the Corporation.	02
A, B, C, D	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	02
_____	(4) Borrow money on behalf and in the name of the Corporation, sign, execute and deliver promissory notes or other evidences of indebtedness.	_____
_____	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Corporation as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	_____
A, B, C, D	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(7) Other:	_____

**Limitations on Powers.** The following are the Corporation's express limitations on the powers granted under this resolution.

**Resolutions**

The Corporation named on this resolution resolves that,

- (1) The Financial Institution is designated as a depository for the funds of the Corporation and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Board of Directors of the Corporation and certified to the Financial Institution as governing the operation of this corporation's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Corporation. Any Agent, so long as they act in a representative capacity as an Agent of the Corporation, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.

- (4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Corporation with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The Corporation agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Corporation. The Corporation authorizes the Financial Institution, at any time, to charge the Corporation for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Corporation acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Corporation to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Corporation acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Corporation with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Corporation authorizes each Agent to have custody of the Corporation's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

**Pennsylvania.** The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney. Any provision that assigns Financial Institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code).



**Effect on Previous Resolutions.** This resolution supersedes resolution dated completed, all resolutions remain in effect.

If not

**Certification of Authority**

I further certify that the Board of Directors of the Corporation has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions stated above and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

If checked, the Corporation is a non-profit corporation.

In Witness Whereof, I have subscribed my name to this document and affixed the seal of the Corporation on

*July 17, 2017* (date).

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Attest by One Other Officer

**For Financial Institution Use Only**

Acknowledged and received on 07/17/2017

TOONMIHE  
(date) by \_\_\_\_\_ (initials)

This resolution is superseded by resolution dated

**Comments:** 255117-T 07/17/2017

# Certificate of Deposit Receipt

This receipt is issued to:

IMMOKALEE WATER AND SEWER DISTRICT  
1020 SANITATION RD  
IMMOKALEE, FL 34142

Account Number: 255117

IRA Number: \_\_\_\_\_

Amount \$ 515,925.31  
Date Opened 07/17/2017  
Term 48 Month(s)  
Maturity Date 07/17/2021  
Interest Rate 1.510000 %  
Annual Percentage Yield 1.52%

FIRST FLORIDA INTEGRITY BANK  
PINE RIDGE OFFICE  
3580 PINE RIDGE ROAD  
NAPLES, FL 34109

The account evidenced by this receipt is subject to and further explained in the terms and conditions contained in the account agreement and account disclosures. The account is Not Negotiable and Not Transferable. Only the items checked apply.

- Fixed Interest Rate       Variable Interest Rate  
 Additions Permitted  
 Automatically Renewable       Single Maturity (not automatically renewable)       Callable       Notice Account

Interest will be:

- mailed to the owner(s).  
 added to principal (compounded).  
 paid to \_\_\_\_\_ account No. \_\_\_\_\_  
 paid every 12 Month(s)





### TRUTH IN SAVINGS DISCLOSURE FOR TIME ACCOUNTS

Terms following a  apply only if checked.

Acct: CD 48 - 59 MONTH > \$250,000

Acct #: 255117

Date: 07/17/2017

The interest rate and annual percentage yield stated below are accurate as of the date printed above. If you would like more current rate and yield information please call us at (877) 763-0244

This disclosure contains the rules which govern your deposit account. Unless it would be inconsistent to do so, words and phrases used in this disclosure should be construed so that the singular includes the plural and the plural includes the singular.

**FIXED RATE:**

The interest rate for your account is 1.5100 % with an annual percentage yield of 1.52 %. We will pay this rate until first maturity

The interest rate and annual percentage yield for your account depend upon the applicable rate tier. We will pay these rates \_\_\_\_\_

**VARIABLE RATE:**

The interest rate for your account is \_\_\_\_\_ % with an annual percentage yield of \_\_\_\_\_ %.

The interest rate and annual percentage yield for your account depend upon the applicable rate tier. The interest rate and annual percentage yield for these tiers may change.

**Determination of Rate:**

At our discretion, we may change the interest rate on your account.

The interest rate for your account \_\_\_\_\_

The fixed initial rate is not determined by this rule.

The initial interest rate on your account \_\_\_\_\_

Subsequent rates \_\_\_\_\_

**Frequency of Rate Change:**

We may change the interest rate on your account \_\_\_\_\_

Your initial interest rate will not change \_\_\_\_\_

We may change the interest rate on your account at that time and \_\_\_\_\_ thereafter.

**Limitations on Rate Changes:**

The interest rate for your account will not \_\_\_\_\_ by more than \_\_\_\_\_ each \_\_\_\_\_

The interest rate will not be less than \_\_\_\_\_ % or more than \_\_\_\_\_ %.

The interest rate will not \_\_\_\_\_ the interest rate initially disclosed to you.

**COMPOUNDING AND CREDITING:**

**Frequency** - Interest will \_\_\_\_\_ be compounded daily. Interest will be added back to principal every 12 Month(s)

**Withdrawal of Interest Before Maturity.** The annual percentage yield assumes that interest remains on deposit until maturity. A withdrawal of interest will reduce earnings.

**Required Interest Distribution.** This account requires the distribution of interest and does not allow interest to remain in the account.

**Effect on Closing an Account.** If you close your account before interest is credited, you will not receive the accrued interest.

**MINIMUM BALANCE REQUIREMENTS:**

**To Open the Account.** You must deposit at least \$1,000.00 to open this account.

**To Obtain the Annual Percentage Yield Disclosed.**

You must maintain a minimum balance of \$.01 in the account each day to obtain the disclosed annual percentage yield.

You must maintain a minimum average daily balance of \$ \_\_\_\_\_ to obtain the disclosed annual percentage yield. The average daily balance is calculated by adding the principal in the account for each day of the period and dividing that figure by the number of days in the period. The period we use is \_\_\_\_\_

**BALANCE COMPUTATION METHOD:**

**Daily Balance Method.** We use the daily balance method to calculate the interest on your account. This method applies a daily periodic rate to the principal in the account each day.

**Average Daily Balance Method.** We use the average daily balance method to calculate interest on your account. This method applies a periodic rate to the average daily balance in the account for the period. The average daily balance is calculated by adding the principal in the account for each day of the period and dividing that figure by the number of days in the period. The period we use is \_\_\_\_\_

**ACCRUAL OF INTEREST ON NONCASH DEPOSITS:**

Interest begins to accrue no later than the business day we receive credit for the deposit of noncash items (for example, checks).

Interest begins to accrue on the business day we receive your deposit

you deposit noncash items (for example, checks).

**MATURITY DATE:**

Your account will mature on 07/17/2021

Your account will mature in 48 Month(s)

We may accelerate the maturity or call this account, at our option, \_\_\_\_\_

Your account has no definite maturity date. To withdraw any or part of this deposit without penalty, we must receive at least

\_\_\_\_\_ written notice from you of your intention to make a withdrawal. The notice must specify the exact amount and date of the intended withdrawal. Interest will no longer accrue after the withdrawal date specified in your notice on the amount specified in your notice. We may terminate this account by mailing a notice to you of our intention to terminate at least ten days before the termination date. The date of intended withdrawal of the last funds in the account, or the termination date, is considered to be the maturity date.

**TIME DEPOSIT WITHDRAWAL LIMITATIONS:**

**Principal:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Interest:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Interest Timing:** You can withdraw interest \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EARLY WITHDRAWAL PENALTY:**

A penalty  may  will be imposed for withdrawals before maturity. The penalty will be an amount equal to:

- Seven days' interest on the amount withdrawn if the withdrawal is made within the first six days after the deposit.
- 180 days' interest on the amount withdrawn
- 90 days' interest on the amount withdrawn
- 30 days' interest on the amount withdrawn
- \_\_\_\_\_

The interest rate we will use to calculate the interest forfeiture will be: the interest rate on the CD

We will charge the penalty first against any interest then in the account, and any excess will be deducted from the amount you withdraw.

If you withdraw some of your funds before maturity, the interest rate for the remaining funds in your account will be \_\_\_\_\_ % with an annual percentage yield of \_\_\_\_\_ %.

**Minimum Balance Accounts.** We reserve the right to treat any withdrawal which would reduce the balance remaining in the account below the required minimum initial deposit or minimum balance as a withdrawal of the entire account balance and calculate the amount of the penalty accordingly. In certain circumstances, such as the death or incompetence of an account owner, the law permits, or in some cases requires, the waiver of the early withdrawal penalty. Other exceptions may also apply, for example, if this is part of an IRA or other tax-deferred savings plan.

**ADDITIONS TO ACCOUNT:**

- You may make no more than \_\_\_\_\_ deposits into your account each \_\_\_\_\_
- You may only make deposits into your account \_\_\_\_\_

You may make unlimited deposits into your account.  
 You may not make any deposits into your account until maturity.

The minimum amount you can deposit is \$ \_\_\_\_\_

The maximum amount you can deposit is \$ \_\_\_\_\_

\_\_\_\_\_

**RENEWAL POLICY:**

**Single Maturity:** This account will not renew automatically at maturity. If you do not renew the account, \_\_\_\_\_

**Automatic Renewal:** This account will automatically renew at maturity.

You will have 10 days after the maturity date to withdraw funds without penalty.

**Exceptions to Automatic Renewal:** This account will not renew if you withdraw the funds on the maturity date or if we receive written notice from you on or before the maturity date of your intention not to renew.

There is no grace period following the maturity of this account to withdraw funds without penalty.

**RENEWAL TERMS:**

**Same Term As Original:** Each renewal term will be the same as the original term, beginning on the maturity date.

**Different Term:** Each renewal term will be \_\_\_\_\_, beginning on the maturity date.

**RENEWAL INTEREST CALCULATION:**

**Same Interest Calculation:** Interest will be calculated on the same basis as during the original term.

**Different Interest Calculation:** The interest rate will \_\_\_\_\_

**BONUSES:**

You will \_\_\_\_\_ as a bonus \_\_\_\_\_

You must maintain a minimum \_\_\_\_\_ of \$ \_\_\_\_\_ to obtain the bonus.

To earn the bonus, \_\_\_\_\_

**PRE-MATURITY NOTICE:** Your account will mature on \_\_\_\_\_ . If the account renews, the new maturity date will be \_\_\_\_\_

The interest rate for the renewed account will be \_\_\_\_\_ % with an annual percentage yield of \_\_\_\_\_ %.

The interest rate and annual percentage yield have not yet been determined. They will be available on \_\_\_\_\_

Please call (877) 763-0244 to learn the interest rate and annual percentage yield for your new account.

**ADDITIONAL TERMS:**