

**GOLDEN BEACH, FLORIDA**

**RESOLUTION NO. 1687.05**

A RESOLUTION OF THE TOWN COUNCIL OF THE TOWN OF GOLDEN BEACH, FLORIDA DESIGNATING SIGNATORIES FOR THE ACCOUNTS AT NORTHERN TRUST BANK AND THE FLORIDA DEPARTMENT OF ADMINISTRATION; APPROVING AND AUTHORIZING THE EXECUTION OF THE INDEMNITY FOR PAYING CHECKS, CORPORATE RESOLUTIONS AND RELATED PAPERWORK IDENTIFIED AS EXHIBIT "A"; PROVIDING FOR SEVERABILITY; PROVIDING FOR CONFLICT; PROVIDING AN EFFECTIVE DATE.

**WHEREAS**, the Town currently has accounts at Northern Trust Bank and with the Florida Department of Administration and signatories need to be designated for those accounts.

**NOW THEREFORE BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF GOLDEN BEACH, FLORIDA, AS FOLLOWS:**

**Section 1.** That the authorized signatories on the Northern Trust Bank account and with the Florida Department of Administration shall be two of the following: Mayor, Vice Mayor, Town Manager and/or Police Chief or Town Clerk.

**Section 2.** That the Town Counsel approves and authorizes the execution of the indemnity for paying checks, corporate resolutions and related paperwork identified as Exhibit "A", which is attached hereto.

**Section 3. Severability.** That the provisions of this Resolution are declared to be severable and if any section, sentence, clause or phrase of this Resolution shall, for any reason, be held to be invalid or unconstitutional, such decision shall not affect the validity of the remaining sections, clauses, sentences and phrases of this Resolution but they shall remain in effect, notwithstanding the invalidity of any part.

**Section 4. Conflict.** That all resolutions or parts of resolutions in conflict with this Resolution are hereby repealed to the extent of such conflict.

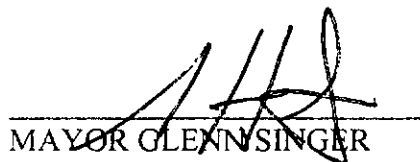
**Section 5. Effective Date.** That this Resolution shall become effective immediately upon approval of the Town Council.

**Sponsored by Administration.**

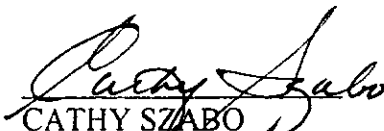
The Motion to adopt the foregoing resolution was offered by Mayor Singer seconded by Councilman Paruas and on roll call the following vote ensued:

|                        |               |
|------------------------|---------------|
| Mayor Singer           | <u>AYE</u>    |
| Vice Mayor Lusskin     | <u>AYE</u>    |
| Councilmember Einstein | <u>ABSENT</u> |
| Councilmember Iglesias | <u>AYE</u>    |
| Councilmember Parus    | <u>AYE</u>    |

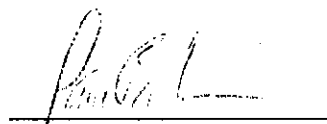
**PASSED AND ADOPTED** by the Town Council of the Town of Golden Beach this 22 day of February, 2005.

  
MAYOR GLENN SINGER

ATTEST:

  
CATHY SZABO  
TOWN CLERK

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY

  
PAUL D. EICHNER  
TOWN ATTORNEY

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To: Northern Trust Bank of Florida N.A.

CORPORATE RESOLUTION  
(GENERAL)

Name

TOWN OF GOLDEN BEACH

Telephone Number \_\_\_\_\_

Account Number ALL ACCOUNTS

CORPORATE RESOLUTIONS OF BOARD OF DIRECTORS

I, Penny Szabo do hereby certify that I am the duly elected and qualified Town Clerk and corporate seal of TOWN OF GOLDEN BEACH

a corporation organized and existing under the laws of FLORIDA and that the following is a true and correct copy of certain resolutions duly adopted at a meeting of the Board of Directors thereof,

convened and held in accordance with law and the by-laws of said corporation on the 28<sup>th</sup> Feb, 2005 day of (DATE) 2/28/05

Opening of Accounts

1. "RESOLVED: That Northern Trust Bank of Florida N.A. hereby is designated a depository in which funds of this corporation may be deposited, and that any officer of this corporation hereby is authorized for and on behalf of this corporation to open an account or accounts with said depository and to make such arrangements for the conduct thereof as he shall deem proper, and also, that any officer, agent, or employee hereby is authorized to deposit the funds of this corporation in such account or accounts, and to indorse for deposit or collection checks, drafts, notes, certificates of deposit, and orders for the payment of money. Indorsements for deposit or collection may be by the written or stamped indorsement of the corporation, without designation of the person making the indorsement.

Withdrawal of Funds by Check or Other Order

2. "RESOLVED, also, That Northern Trust Bank of Florida N.A. hereby is authorized and directed to pay out funds on deposit with it to the credit of this corporation, upon checks or other orders for the payment of money drawn upon Northern Trust Bank of Florida N.A., and signed in the name of this corporation, (whether or not such checks or other orders create or increase an overdraft of said account or accounts), (a) by any 2 of the following, to wit: (Insert number of signatures required on each instrument)

INSERT TITLES MAYOR, VICE MAYOR, TOWN MGR, POLICE CHIEF, TOWN CLERK ONLY

(Insert titles of officers and other persons authorized to sign checks or other orders, for example: President, Treasurer, Bookkeeper, Authorized Signature, etc.):

(b) by any person or persons designated in writing by any 2 of the following officer(s) of this corporation, to wit: (number)

Delegation of Signing Authority

INSERT TITLES MAYOR, VICE MAYOR, TOWN MGR, POLICE CHIEF, TOWN CLERK ONLY

(Insert titles of officer(s) authorized to designate persons empowered to sign checks or other orders; and said officer(s) may by instruments in writing change or remove any or all of the persons so designated or substitute the names of other persons or authorize additional persons as signatories.

Facsimile Signature

3. "RESOLVED, also, that Northern Trust Bank of Florida N.A. hereby is requested, authorized and directed to honor checks, drafts or other orders for the payment of money drawn in the name of this corporation, including those drawn to the individual order of any person or persons whose name or names appear thereon as signer or signers thereof, when bearing or purporting to bear the facsimile signature(s) of any 2 of the following, to wit: (Insert number of signatures required on each instrument)

INSERT TITLES MAYOR, VICE MAYOR, TOWN MGR, POLICE CHIEF, TOWN CLERK ONLY

and Northern Trust Bank of Florida N.A. shall be entitled to honor and to charge this corporation for all such checks, drafts or other orders regardless of by whom or by what means the facsimile signature or signatures thereon may have been affixed thereto, if such facsimile signature or signatures resemble the facsimile specimens duly certified to or filed with Northern Trust Bank of Florida N.A. by the Secretary or other officer of this corporation.

4. "RESOLVED, also, That Northern Trust Bank of Florida N.A. shall not in any way be responsible for, or have any obligation to inquire into, the circumstances of the issuance of any check or other order for the payment of money, or other instrument signed, as herein provided, or the application, disposition, or use of any such check, order, or instrument or the proceeds thereof, or of any of the funds deposited with it or borrowed from it as herein provided; and shall honor, receive, certify, and pay any and all checks and other orders for the payment of money and other instruments signed as herein provided, whether or not payable or indorsed to the order of any officer or other person signing or countersigning the same, or of any other officer or employee of this corporation, and whether or not deposited to the individual credit of or used in payment of the individual obligation of, or tendered for cashing by any officer or other person signing or countersigning the same, or of or by any of the other officers or employees of this corporation.
5. "RESOLVED, also, That any 2 of the following officer(s) of this corporation to wit:  
(Insert the number of signatures required on each instrument)

INSERT

TITLES MAYOR, VICE MAYOR, TOWN MGR, POLICE CHIEF, TOWN CLERK

ONLY

hereby are (is) authorized, on behalf of this corporation:

- (a) To borrow money and to obtain credit from Northern Trust Bank of Florida N.A. on such terms and conditions as said officer(s) may deem expedient;
  - (b) To sell or to discount with Northern Trust Bank of Florida N.A. notes and bills and accounts receivable, or other negotiable instruments with or without recourse;
  - (c) To make applications, agreements, and contracts for letters of credit and acceptances with Northern Trust Bank of Florida N.A.
  - (d) To pledge, trustee, or otherwise create any lien upon or security interest in any stocks, bonds, accounts, bills, notes receivables, bills of lading, warehouse receipts, delivery orders, commodities, foreign exchange, or any securities or property whatsoever, as security for any loan, credit or other liability, direct or contingent, owing by this corporation to Northern Trust Bank of Florida N.A.;
  - (e) To purchase or sell through Northern Trust Bank of Florida N.A. either as agent, principal, or otherwise, and either for immediate or future delivery, stocks, bonds, commercial paper, commodities, foreign exchange or any other securities or property whatsoever;
  - (f) To deliver to and leave with Northern Trust Bank of Florida N.A. for safekeeping, custody or other purposes and to withdraw, receive and receipt for, withdraw on trust receipt, substitute and exchange any and all securities or other property of whatsoever kind delivered to, left with, or held by, Northern Trust Bank of Florida N.A. for safekeeping or custody or as collateral security, or for delivery or collection or for any other purpose. Such withdrawals, substitutions, or exchanges may be made by the bearer of any order, receipt, or request signed as authorized by said officer(s); and
  - (g) In connection with any of the foregoing, to make, execute, and deliver, in the name of this corporation and under its corporate seal or otherwise, any and all notes (including notes with a judgment by confession clause), bills of exchange, acceptances, assignments, transfers, indorsements, guarantees, instructions, obligations, trust receipts, safekeeping or custody agreements or documents whatsoever in form satisfactory to Northern Trust Bank of Florida N.A.
6. "RESOLVED, also, That each of the aforementioned officers or other persons authorized to act for this corporation in any case aforesaid hereby is authorized without the concurrence of any officer or person:
- (a) To identify, approve, and guarantee the indorsement of any payee or indorser of any checks or drafts by this corporation;
  - (b) To waive presentment, demand, protest, and notice of dishonor or protest, and to give instructions in regard to the handling or delivery of any negotiable or nonnegotiable papers or documents involved in any of said transactions;

- (c) To guarantee the signature or signatures of registered holders on stock certificates, stock powers, bonds, bond powers, or receipts for same, or other instruments signed by any person or persons in an official, individual, or fiduciary capacity; and
- (d) To act for this corporation in the transaction of all other business for its accounts with Northern Trust Bank of Florida, N.A.

Certificate of Resolution

7. "RESOLVED, also That the Town Clerk Secretary of this corporation shall file with Northern Trust Bank of Florida N.A. a certified copy of this resolution under the seal of the corporation, and also shall file with Northern Trust Bank of Florida N.A. a list of the persons at that present time holding the offices above mentioned in this corporation, and Northern Trust Bank of Florida N.A. as against this corporation shall be entitled to presume conclusively that the persons so certified as holding such offices respectively continue to hold the same until otherwise notified in writing by the Town Clerk Secretary of this corporation, and said Town Clerk Secretary is authorized and directed to certify that the provisions hereof are in conformity with the articles and the by-laws of this corporation.
8. "RESOLVED, also That this resolution shall be in full force and effect and binding upon this corporation until it shall have been repealed, and until written notice of such repeal shall have been delivered to Northern Trust Bank of Florida N.A.

And I do further certify that there is no provision in the articles or by-laws of said corporation limiting the power of the Board of Directors to pass the foregoing resolution and that said resolution is in conformity with the provisions of said articles and by-laws.

I do further certify that the above resolution has not been in anywise altered, amended, or repealed and is now in full force and effect.

I do further certify that this corporation  is  is not incorporated as a profit organization.

I do further certify that the following now occupy the respective offices designated in the aforesaid resolutions, that they are duly qualified as such officers, and that the specimen signatures below are the genuine signatures of the named officers.

| <u>NAME</u>                   | <u>TITLE OF OFFICE HELD</u> | <u>SPECIMEN SIGNATURE</u> |
|-------------------------------|-----------------------------|---------------------------|
| <u>Gleno Singer</u>           | <u>MAYOR</u>                | <u>[Signature]</u>        |
| <u>James N. SKINNER</u>       | <u>Chief of Police</u>      | <u>[Signature]</u>        |
| <u>Judy LUSKIN</u>            | <u>VICE MAYOR</u>           | <u>[Signature]</u>        |
| <u>Basilian Wilbanks-Free</u> | <u>Town Manager</u>         | <u>[Signature]</u>        |
| <u>Cathy Szabo</u>            | <u>TOWN CLERK</u>           | <u>[Signature]</u>        |

I do further certify that the following are the names of other persons who have been authorized to sign in the capacity set opposite their respective names.

\_\_\_\_ ( ) \_\_\_\_\_ ( )  
 \_\_\_\_\_ ( ) \_\_\_\_\_ ( )

(Insert title, such as Cashier, Bookkeeper, Authorized Signature, etc.)

I do further certify that the genuine signature of those above authorized to sign for this corporation appear on the accompanying signature cards.

AFFIX CORPORATE SEAL BELOW

If the Company does not have seal, please so state

IN WITNESS WHEREOF, I have hereunto set my hand and affix the

corporate seal of said TOWN OF GOLDEN BEACH

corporation, this 28 day of (DATE) FEB, 2005

Cathy Szabo TOWN CLERK

[Signature] Secretary

**MONEY TRANSFER  
PROCEDURES AGREEMENT**



**Northern Trust**



**Northern Trust**

## **WIRE TRANSFER PROCEDURE AGREEMENT**

### **General Procedures:**

Effective as of the date this agreement is signed by or on behalf of the customer shown at the end of this agreement (Customer), the following procedures will apply to the transfer of funds from the Customer's Account or the advises of the Customer's daily receipts into the Customer's Account at Northern Trust Bank of Florida N.A. (Bank). For purposes of this agreement, the term Account means each open account of the Customer, whether in existence when this agreement is signed or established in the future as to which the Customer is an account party or signatory (referred to, individually or collectively, as the Account or Accounts). The Accounts listed on Schedule I are included but may not be all of the Accounts to which this agreement applies. The Bank is authorized but not required to:

1. Honor, execute, and charge to the Account of (the Customer), without limit as to amount, any and all electronic, telephonic, telegraphic, oral, or written requests or orders for the transfer of funds from an authorized representative (Authorized Representative) of the Customer when made in accordance with the Bank's transfer procedures.
2. Transfer funds from the Customer's Account with the Bank to any other account of either the Customer or a third party whether such account is with the Bank or other banks.
3. Accept without limit as to amount any and all payment orders to the Account and notify the Customer of receipt of any such payment order on the next succeeding statement for the Account.
4. Verify all third party transfers, by calling an Authorized Representative other than the transfer originator. If this is not possible because there is only one Authorized Representative on file, or available, then the bank will verify the transfer by calling the originator.
5. Electronically record all telephonic instructions received by the Bank's wire or customer services areas from the Customer, and retain recordings for 180 days following the date of the instruction to transfer.

### **Authorized Representatives:**

1. Individuals designated as Authorized Representatives of the Customer must be listed in Schedule I of this agreement.
2. It is the Customer's responsibility to advise the Bank of additions, deletions and changes to Schedule I by telephone immediately, and in writing within the five business days thereafter. Failure to advise the Bank in writing within the five business days period will release the Bank from liability for transfers initiated and executed by such deleted Authorized Representative, until such time as the Bank is advised in writing by the Customer of the deletion.



Other Procedures:

1. A transfer of funds in a currency other than the currency of the United States shall be at the Bank's rate of exchange then current for transfers to the place of payment. Any loss arising from a subsequent cancellation of a transfer request by the Customer relating to a transfer in such other currency shall be the Customer's loss.
2. Transfer of funds executed on a repetitive basis to the Customer's other accounts or third party accounts based on written instructions to the Bank, signed by the Customer or any Authorized Representative, shall remain in force unless cancelled in writing at least one business day prior to the next scheduled transaction date.

Limitation of Liability:

1. The Customer agrees that the Bank's responsibility to it under this agreement shall be limited to the exercise of ordinary care.
2. The Customer agrees that any discrepancies between the Customer's records of the transactions covered by this Agreement and the Customer's bank statement or any notification by the Bank to the Customer will be brought to the attention of the Bank in writing within 60 days after the date the Customer received notification from the Bank that a payment order was accepted or the Customer's account was debited for a payment order. If the Customer fails to notify the Bank of any discrepancy or discrepancies within such 60-day period, the Bank's records shall be irrefutably presumed to be correct.
3. The Bank's liability for any direct, indirect, special or inconsequential damages, expenses (including attorney's fees) or costs, or otherwise resulting from any actions or failure to act by the Bank, shall be limited to refunding the amount of any payment received or made to the extent the Bank is not authorized pursuant to the terms of this Agreement to receive or make the payment and to paying interest on funds made unavailable to the Customer by the at or failure to act of the Bank, computed at the effective Federal Funds Rate of the Bank in effect from time to time. Notwithstanding the foregoing, the Bank shall have no liability to the Customer for interest if the Customer fails to notify the Bank of the relevant facts within 60 days after the Customer received notification from the Bank that a payment order was accepted or the Customer's Account was debited for a payment order.

The Bank shall have the right to change these procedures upon written notice to the Customer.

Accepted and agreed to this 28<sup>th</sup> day of (Date) FEBRUARY 2005

Customer: TOWN OF GOLDEN BEACH  
(Print name)

Signature: Patty Azabo

Title (if corporate officer):  
TOWN CLERK / SEC.

Northern Trust Bank of Florida N.A.

By: \_\_\_\_\_

Its: \_\_\_\_\_

Accepted (Date) \_\_\_\_\_

SCHEDULE I

Northern Trust Bank of Florida N.A. (the Bank) is hereby authorized to accept confirmations and transfer requests from the undersigned Account(s) at the Bank by person(s) identifying themselves to be any of the following:

1. Account number ALL ACCOUNTS

Account name TOWN OF GOLDEN BEACH

Authorized Representatives  
Name (Print)

Signatures

1. Bonilyn Wilbanks-Free

1. Bonilyn Wilbanks-Free

2. James N. Skinner

2. James N. Skinner

3. Judy Lusk

3. Judy Lusk

4. Glenn Singer

4. [Signature]

5. Cathy Szabo

5. Cathy Szabo

2. Account number \_\_\_\_\_

Account name \_\_\_\_\_

Authorized Representatives  
Name (Print)

Signatures

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

4. \_\_\_\_\_

3. Authorized representative for confirmations only \_\_\_\_\_  
on Above Accounts \_\_\_\_\_

Authorized Representatives  
Name (Print)

Signatures

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

4. \_\_\_\_\_

The undersigned agrees to notify the Bank by telephone with a confirming letter to follow, of any additions, deletions, or revisions in authorizations provided above.

Accepted (Date) FEBRUARY 28, 2005 Customer: TOWN OF GOLDEN BEACH  
(Print name)

Signature: Cathy Szabo  
Title (if corporate officer):

TOWN CLERK

Northern Trust Bank of Florida N.A.  
By: \_\_\_\_\_  
Its: \_\_\_\_\_



NORTHERN TRUST BANK OF FLORIDA N.A.

INDEMNITY FOR PAYING CHECKS  
WITHOUT TWO SIGNATURES

STATE OF FLORIDA  
COUNTY OF

TOWN OF GOLDEN BEACH authorizes Northern Trust Bank of Florida N.A. (hereinafter called the "Bank")  
Depositor/Company Name

from time to time to pay any check and/or draft for an amount less than \$5,000 drawn on account number

ALL ACCOUNTS by TOWN OF GOLDEN BEACH held at the  
Depositor/Company's Account No. Depositor/Company Name

Northern Trust Bank of Florida N.A. AVENTURA even though such checks and/or drafts do  
Banking Office

not have two makers' signatures, as required by the corporate documents, and the resolutions and signature  
cards furnished to the Bank. TOWN OF GOLDEN BEACH agrees to (i) save harmless the Bank against any  
Depositor/Company Name

and all liabilities, losses, damages, costs and expenses (including attorneys' fees) arising or which the Depositor  
Company may sustain by reason of payment of such checks and/or drafts, and (ii) reimburse the Bank on demand  
should the Bank for any reason be liable for payment of such checks and/or drafts.

This indemnification shall survive the closing of the subject Account and shall remain in full force and effect so  
long as Bank may incur any liability for the actions for which it is indemnified hereunder.

Dated the 1<sup>st</sup> day of March, 2005

TOWN OF GOLDEN BEACH  
Depositor/Company Name

By: Bonilyn Wilbanks-free  
Title: Bonilyn Wilbanks-free, Town Manager

By: HS  
Title: GLENN SINGER - MAYOR

STATE OF FLORIDA  
COUNTY OF

The foregoing instrument was acknowledged before me this 1<sup>st</sup> day of March, 2005, by  
Glenn Singer, Bonilyn Wilbanks-free Golden Beach a  
He/she personally known to me or has produced \_\_\_\_\_ as  
identification.

My Commission Expires:



**Zoraya Roncallo**  
Commission #DD208024  
Expires: May 01, 2007  
Bonded Thru  
Atlantic Bonding Co., Inc.

Zoraya Roncallo  
NOTARY PUBLIC, STATE OF FLORIDA  
Zoraya Roncallo  
PRINT NAME



# Northern Trust Bank of Florida N.A.

## ACCOUNT SIGNATURE CARD

### Account Ownership (Check one):

- |   |   |
|---|---|
| <input type="checkbox"/> Individual                             | <input type="checkbox"/> Lodge Assoc.           |
| <input type="checkbox"/> Joint Tenants w/Rights of Survivorship | <input type="checkbox"/> Non Profit             |
| <input type="checkbox"/> Uniform Transfers to Minors Act        | <input type="checkbox"/> Partnership            |
| <input type="checkbox"/> Totten Trust                           | <input checked="" type="checkbox"/> Corporation |
| <input type="checkbox"/> Fiduciary Account                      | <input type="checkbox"/> Proprietorship         |
| <input type="checkbox"/> LLC                                    | <input type="checkbox"/> Other _____            |

Date Opened \_\_\_\_\_ Officer \_\_\_\_\_

Signature Card:     New             Temporary             Replacement             Addition

Type of Account:     Checking             Money Market             Certificate  
                           Northern Anchor             Savings             \_\_\_\_\_

### Totten Trust/ POD Beneficiary Designation

|                     |              |               |
|---------------------|--------------|---------------|
| Name of Beneficiary | Relationship | Date of Birth |
| _____               |              |               |
| Address _____       |              |               |

|                     |              |               |
|---------------------|--------------|---------------|
| Name of Beneficiary | Relationship | Date of Birth |
| _____               |              |               |
| Address _____       |              |               |

### Successor Custodian Designation

As Custodian, under the Uniform Transfers to Minors Act, I hereby designate \_\_\_\_\_, an adult member of the Minor's Family, as successor custodian, in the event I resign or am unable to act. I understand I am custodian for these assets owned by the minor and that I have certain obligations as custodian. I may pay as much of the custodial property as I consider advisable for the use and benefit of the minor. This account contains the minor's money, not mine, and I must treat it as the minor's account. The bank will act on any payment instructions from me. I agree to indemnify the bank against a claim that any of the transfers from the account violate my duties as custodian.

\_\_\_\_\_  
Custodian's Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Witness' Signature

Date \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

Taxpayer's Name (TIN Owner):

- 1) I am a U.S. person (including a resident alien), 2) the Social Security or Taxpayer ID Number shown above is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 3) I am not subject to backup withholding because a) I have not been notified by the IRS that I am subject to withholding as a result of a failure to report all interest dividends, or b) the IRS has notified me that I am no longer subject to backup withholding.
- 2) I am a U.S. entity that is EXEMPT from reporting and backup withholding.
- 3) Foreign Non-Resident Aliens (NRA) require the use of a separate substitute WSBEN W-9 form for each NRA. See instructions for WSBEN W-9.
- 4) Applied For Taxpayer ID Number - A taxpayer identification number has not been issued to me, and I mailed or delivered an application to receive a taxpayer identification number to the appropriate Social Security Center (or I intend to mail or deliver an application in the near future). As set forth in the IRS tax regulations, we will commence backup withholding on interest payments made on or after the 7<sup>th</sup> business day following the date of the account opening if by such date we have not received your TIN on a new TIN Certification form. The rate of withholding will be based on the current tax year, as determined by the Department of the Treasury IRS regulations (see W-9 form), and will continue until your TIN is received on the new TIN Certification form.

IMPORTANT!

By signing this portion of the Signature Card, I certify under penalties of perjury that I have examined this tax certification and the information related thereto and to the best of my knowledge and belief, it is true, correct and complete. I also authorize Northern Trust Bank of Florida N.A. to obtain a credit report(s) on any signer connected with this deposit account (including as a condition to the opening of the account(s)).

x Bairley W. Banks-Free Date 9/1/05

|                             |
|-----------------------------|
| Account Title               |
| <u>TOWN OF GOLDEN BEACH</u> |

|  |
|--|
| Account Number                               |
| <u>*ALL ACCOUNTS*</u>                        |
| Total number of Signers on account: <u>5</u> |
| Number of Signatures REQUIRED: <u>2</u>      |

The undersigned acknowledges receipt and agrees to the terms of all related account disclosures and regulations.

|                                      |   |
|--------------------------------------|---|
| Signature                            | <input checked="" type="checkbox"/> Convenience Account Agent |
| X <u>[Signature]</u>                 | <input type="checkbox"/> Check if Signature is Facsimile      |
| Name/Title <u>GLINN JENSEL MAYOR</u> |   |
| Social Security #                    | Home Phone: <u>305-692-7775</u>                               |
| Address: <u>53</u>                   | <u>233160</u>   |
| DOB: <u>N/A</u>                      | Work Phone: <u>305-692-7775</u>                               |
| ID Info: <u>FL</u>                   | Employed By:  |
| E-Mail Address:                      | Cell Phone: <u>305-772-5491</u>                               |

|  |   |
|--|---|
| Signature                                | <input checked="" type="checkbox"/> Convenience Account Agent |
| X <u>[Signature]</u>                     | <input type="checkbox"/> Check if Signature is Facsimile      |
| Name/Title <u>CATHY SEABO TOWN CLERK</u> |   |
| Social Sec:                              | Home Phone: <u>805 935 4616</u>                               |
| Address: <u>Golden Bch, FL 33160</u>     |   |
| DOB: <u>2</u>                            | Work Phone: <u>305 932 0744</u>                               |
| ID Info:                                 | Employed By: <u>G.BCH. X 223</u>                              |
| E-Mail Ad: <u>each.org</u>               | Cell Phone: <u>786 251 5069</u>                               |

|                         |  |
|-------------------------|--|
| Signature               | <input type="checkbox"/> Convenience Account Agent       |
| X                       | <input type="checkbox"/> Check if Signature is Facsimile |
| Name/Title              |  |
| Social Security Number: | Home Phone:  |
| Address:                |  |
| DOB:                    | Mother's Maiden Name:                                    |
| ID Info:                | Work Phone:  |
| E-Mail Address:         | Employed By:   |
|                         | Cell Phone:  |

Taxpayer Identification Number (TIN) to be used: \_\_\_\_\_

Taxpayer's Name (TIN Owner): \_\_\_\_\_

- 1) I am a U.S. person (including a resident alien), 2) the Social Security or Taxpayer ID Number shown above is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 3) I am not subject to backup withholding because a) I have not been notified by the IRS that I am subject to withholding as a result of a failure to report all interest dividends, or b) the IRS has notified me that I am no longer subject to backup withholding.
- 2) I am a U.S. entity that is EXEMPT from reporting and backup withholding.
- 3) Foreign Non-Resident Aliens (NRA) require the use of a separate substitute W8BEN-AV-9 form for each NRA. See instructions for W8BEN-AV-9.
- 4) Applied For Taxpayer ID Number - A taxpayer identification number has not been issued to me, and I mailed or delivered an application to receive a taxpayer identification number to the appropriate Social Security Center (or I intend to mail or deliver an application in the near future). As set forth in the IRS tax regulations, we will commence backup withholding on interest payments made on or after the 7<sup>th</sup> business day following the date of the account opening if by such date we have not received your TIN on a new TIN Certification form. The rate of withholding will be based on the current tax year, as determined by the Department of the Treasury IRS regulations (see W-9 form), and will continue until your TIN is received on the new TIN Certification form.

IMPORTANT!

By signing this portion of the Signature Card, I certify under penalties of perjury that I have examined this tax certification and the information related thereto and to the best of my knowledge and belief, it is true, correct and complete. I also authorize Northern Trust Bank of Florida N.A. to obtain a credit report(s) on any signer connected with this deposit account (including as a condition to the opening of the account(s)).

*Bonita Wilbanks-Free* Date *3/1/05*

Account Title  
**TOWN OF GOLDEN BEACH**

Account Number  
**\* ALL ACCOUNTS \***

Total number of Signers on account: **5**

Number of Signatures REQUIRED: **2**

The undersigned acknowledges receipt and agrees to the terms of all related account disclosures and regulations.

Signature: *Bonita Wilbanks-Free*  Convenience Account Agent  Check if Signature is Facsimile

Name/Title: *Bonita Wilbanks-Free / Town Manager*

Social Security Number: \_\_\_\_\_ Home Phone: *786-251-5062*

Address: *Iden Beach, FL 33160*

DOB: *08* Work Phone: *305-932-0744*

ID Info: *S* Employed By: \_\_\_\_\_

E-Mail Address: *goldenbeach.org* Cell Phone: \_\_\_\_\_

Signature: *James N. Skinner*  Convenience Account Agent  Check if Signature is Facsimile

Name/Title: *James N. SKINNER / Chief of Police*

Social Security Number: \_\_\_\_\_ Home Phone: *786-257-5059*

Address: *Iden Beach, FL 33160*

DOB: *5/1/57* Work Phone: *305-936-3444*

ID Info: *S* Employed By: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone: *786-257-5059*

Signature: *Judy Lusskin*  Convenience Account Agent  Check if Signature is Facsimile

Name/Title: *Judy LUSSKIN VICE MAYOR*

Social Security Number: \_\_\_\_\_ Home Phone: *305-933-4611*

Address: *Iden Beach, FL 33160*

DOB: *1/1/48* Work Phone: \_\_\_\_\_

ID Info: *S* Employed By: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone: *305-936-4377*