

TRUIST

RESOLUTION FOR DEPOSIT ACCOUNT

CITY OF STONE MOUNTAIN

58-6000670

Name of Entity

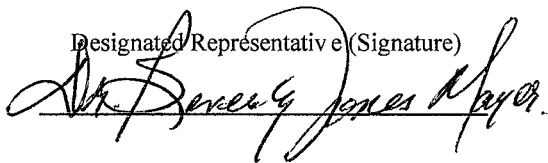
TIN

- | | | |
|---|---|---|
| <input type="checkbox"/> Corporation | <input checked="" type="checkbox"/> Government Entity | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Unincorporated Association | <input type="checkbox"/> General Partnership | <input type="checkbox"/> Non-Profit Corporation |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Other |

The undersigned, acting in the capacity as corporate secretary or custodian of records for the above-named Entity, organized and existing under the laws of GEORGIA, represents to Truist Bank ("Bank") that I have reviewed the governing documents and relevant records of the Entity and certify that resolutions or requirements similar to those below are adopted by and, are not inconsistent with the governing documents or records of the Entity, and that such resolutions or requirements are current and have not been amended or rescinded.

I. That the Bank is designated as a depository institution for the Entity and that by execution and delivery of this Resolution for Deposit Account the Entity will be bound by the Bank's deposit account agreement now existing or as may be amended. Any officer, agent or employee of the Entity is authorized to endorse for deposit any check, drafts or other instruments payable to the Entity, which endorsement may be in writing, by stamp or otherwise, with or without signature of the person so endorsing.

II. That any one individual named below (a "Designated Representative") is authorized to open accounts on behalf of the Entity, to close any account or obtain information on any account. Any one Designated Representative may appoint others (an "Authorized Signer") to conduct transactions on an account by authorizing them to sign their name to the signature card.

Designated Representative (Signature)	Printed Name	Title
	BEVERLY JONES	MAYOR
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. That the Bank is authorized upon the signature of any one signer on a signature card to honor, pay and charge the account of the Entity, all checks, drafts, or other orders for payment, withdrawal or transfer of money for whatever purpose and to whomever payable.

IV. That any one Designated Representative may appoint, remove or replace an Authorized Signer, enter into a night depository agreement, enter into an agreement for cash management services, lease a safe deposit box, enter into an agreement for deposit access devices, enter into an agreement for credit cards, enter into an agreement relating to foreign exchange and obtain online foreign exchange services related thereto, or enter into any other agreements regarding an account of the Entity.

FOR BANK USE ONLY

Prepared By <u>BRIGETTE HYRAMS 34805</u>	Date <u>04/02/2025</u>
Center <u>8750001</u>	Bank No. <u>404</u> State <u>GA</u>

Forward to:
Centralized Document Scanning Operations
M/C 100-99-15-11

V. That any prior resolutions or requirements have been revoked or are no longer binding, and that this Resolution for Deposit Account applies to all accounts at the Bank and will remain in full force and effect until rescinded, replaced or modified in writing in a form acceptable to the Bank and after the Bank has had a reasonable time to act on such change.

VI. That any transaction by an officer, employee or agent of the Entity prior to the delivery of this Resolution for Deposit Account is hereby ratified and approved.

DATED: _____

4/2/25

Beverly Jones

SIGNATURE

Beverly Jones

PRINTED NAME

TRUIST SIGNATURE CARD GEORGIA

NAME AND ADDRESS OF DEPOSITOR			
CITY OF STONE MOUNTAIN			
STORM WATER UTILITY			
875 MAIN ST			
STONE MOUNTAIN		GA	30083-3620
ACCOUNT NUMBER	OWNERSHIP DESIGNATION	ACCOUNT OPENING DATE	REVISED CARD DATE
	STATE	12/02/2015	04/02/2025

Opened/Updated By BRIGETTE HYRAMS 34805 Approved By _____ Branch Location 8750276

IDENTIFICATION

Type of ID SSID Issued By GA 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

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.) _____

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:

- 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 code(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.

58-6000670

TIN of Depositor

CITY OF STONE MOUNTAIN

Printed Name of Depositor

MAYOR BEVERLY JONES

4-2-25

DATE

TIN of Signer

Printed Name of Signer

DATE

TRUIST SIGNATURE CARD ADDENDUM

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

ACCOUNT NUMBER [REDACTED]	OWNERSHIP DESIGNATION STATE	ACCOUNT OPENING DATE 12/02/2015	REVISED CARD DATE 04/02/2025
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Opened/Updated By BRIGETTE HYRAMS 34805 Approved By N/A Branch Location 8750276

IDENTIFICATION
Type of ID SSID Issued By GA ID Number _____ Expiration Date _____ Date of Birth _____
Second Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____
Employer _____ Cell Phone Number (N/A) 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 N/A 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 (____) _____
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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.

N/A TIN of Signer BEVERLY JONES Printed Name [Signature] MAYOR BEVERLY JONES 4-2-25 DATE
N/A TIN of Signer [Signature] Printed Name _____ DATE
N/A TIN of Signer _____ Printed Name _____ DATE

TRUIST SIGNATURE CARD GEORGIA

NAME AND ADDRESS OF DEPOSITOR			
CITY OF STONE MOUNTAIN			
DOWNTOWN DEVELOPMENT AUTHORITY			
875 MAIN ST			
STONE MOUNTAIN		GA	30083-3620
ACCOUNT NUMBER	OWNERSHIP DESIGNATION	ACCOUNT OPENING DATE	REVISED CARD DATE
	STATE	05/11/2016	04/02/2025

Opened/Updated By BRIGETTE HYRAMS 34805 Approved By _____ Branch Location 8750276

Type of ID <u>SSID</u>		Issued By <u>GA</u>	ID Number <u>DA-17076816</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 (____) _____			

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.) _____

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:

- 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 code(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.

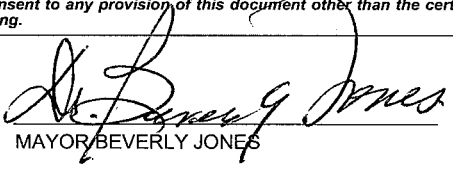
Name of Beneficiary: _____	SSN/EIN: _____	Relationship: _____
Address of Beneficiary: _____		
ID: _____		
Name of Beneficiary: _____	SSN/EIN: _____	Relationship: _____
Address of Beneficiary: _____		
ID: _____		
Name of Beneficiary: _____	SSN/EIN: _____	Relationship: _____
Address of Beneficiary: _____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

58-6000670	CITY OF STONE MOUNTAIN		4-2-25
TIN of Depositor	Printed Name of Depositor	MAYOR BEVERLY JONES	DATE
TIN of Signer	Printed Name of Signer		DATE

TRUIST SIGNATURE CARD ADDENDUM

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

ACCOUNT NUMBER [REDACTED]	OWNERSHIP DESIGNATION STATE	ACCOUNT OPENING DATE 05/11/2016	REVISED CARD DATE 04/02/2025
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Opened/Updated By BRIGETTE HYRAMS 34805 Approved By N/A Branch Location 8750276

IDENTIFICATION

Type of ID SSID Issued By GA ID Number DA-17076816 Expiration Date _____ Date of Birth _____

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

Employer _____ Cell Phone Number (N/A) 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 N/A 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 (____) _____

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

Address of Beneficiary: _____

ID: _____

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N/A _____ MAYOR BEVERLY JONES _____ 4.2.25
TIN of Signer Printed Name MAYOR BEVERLY JONES DATE

N/A _____ _____ _____
TIN of Signer Printed Name DATE

N/A _____ _____ _____
TIN of Signer Printed Name DATE

TRUIST SIGNATURE CARD GEORGIA

NAME AND ADDRESS OF DEPOSITOR			
CITY OF STONE MOUNTAIN			
ARPA FUND 12			
875 MAIN ST			
STONE MOUNTAIN		GA	30083-3620
ACCOUNT NUMBER	OWNERSHIP DESIGNATION	ACCOUNT OPENING DATE	REVISED CARD DATE
[REDACTED]	STATE	08/24/2021	04/02/2025

Opened/Updated By BRIGETTE HYRAMS 34805 Approved By _____ Branch Location 8750276

IDENTIFICATION

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

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

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

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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.) _____

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:

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- The FATCA codes(s) entered on this form (if any) indicating that the Depositor is exempt from FATCA reporting is correct.

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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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58-6000670 CITY OF STONE MOUNTAIN  11-2-25
TIN of Depositor Printed Name of Depositor MAYOR BEVERLY JONES DATE

TIN of Signer Printed Name of Signer DATE

TRUIST SIGNATURE CARD ADDENDUM

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

ACCOUNT NUMBER [REDACTED]	OWNERSHIP DESIGNATION STATE	ACCOUNT OPENING DATE 08/24/2021	REVISED CARD DATE 04/02/2025
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Opened/Updated By BRIGETTE HYRAMS 34805 Approved By N/A Branch Location 8750276

IDENTIFICATION

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

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

Employer _____ Cell Phone Number (N/A) 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 N/A Home Phone Number (____) _____

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N/A BEVERLY JONES  4.2.25
TIN of Signer Printed Name MAYOR BEVERLY JONES DATE

N/A _____
TIN of Signer Printed Name DATE

N/A _____
TIN of Signer Printed Name DATE

TRUIST SIGNATURE CARD GEORGIA

NAME AND ADDRESS OF DEPOSITOR			
CITY OF STONE MOUNTAIN			
PAYROLL ACCT			
875 MAIN ST			
STONE MOUNTAIN		GA	30083-3620
ACCOUNT NUMBER	OWNERSHIP DESIGNATION	ACCOUNT OPENING DATE	REVISED CARD DATE
[REDACTED]	STATE	04/18/2007	04/02/2025

Opened/Updated By BRIGETTE HYRAMS 34805 Approved By _____ Branch Location 8750276

IDENTIFICATION

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

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

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

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Address of Beneficiary: _____

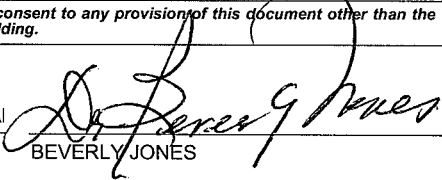
ID: _____

BUSINESS ACCOUNTS

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58-6000670	CITY OF STONE MOUNTAIN		4-2-25
TIN of Depositor	Printed Name of Depositor	BEVERLY JONES	DATE
TIN of Signer	Printed Name of Signer		DATE

TRUIST SIGNATURE CARD ADDENDUM

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

ACCOUNT NUMBER [REDACTED]	OWNERSHIP DESIGNATION STATE	ACCOUNT OPENING DATE 04/18/2007	REVISED CARD DATE 04/02/2025
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Opened/Updated By BRIGETTE HYRAMS 34805 Approved By N/A Branch Location 8750276

IDENTIFICATION
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Employer _____ Cell Phone Number N/A 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 (____) _____

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

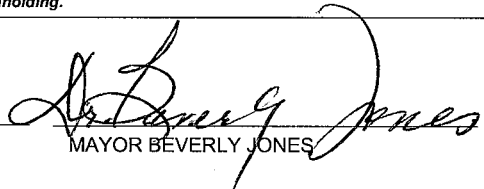
By my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Services Agreement" and the "Business Deposit Accounts Fee Schedule" and on behalf of the Depositor agree to the terms of each document; and (2) I/We give consent to verify my/our credit references.

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.

N/A
TIN of Signer

BEVERLY JONES
Printed Name


MAYOR BEVERLY JONES

4.2.25
DATE

N/A
TIN of Signer

Printed Name

DATE

N/A
TIN of Signer

Printed Name

DATE

TRUIST SIGNATURE CARD GEORGIA

NAME AND ADDRESS OF DEPOSITOR			
CITY OF STONE MOUNTAIN			
SEIZED FUNDS FOR HOLDING			
875 MAIN ST			
STONE MOUNTAIN		GA	30083-3620
ACCOUNT NUMBER	OWNERSHIP DESIGNATION	ACCOUNT OPENING DATE	REVISED CARD DATE
[REDACTED]	STATE	02/24/2017	04/02/25

Opened/Updated By BRIGETTE HYRAMS 34805 Approved By _____ Branch Location 8750276

IDENTIFICATION

Type of ID SSID Issued By GA 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

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.) _____

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:

- 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: _____

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.

58-6000670
TIN of Depositor

CITY OF STONE MOUNTAIN
Printed Name of Depositor

MAYOR BEVERLY JONES

DATE

TIN of Signer

Printed Name of Signer

DATE

TRUIST SIGNATURE CARD ADDENDUM

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

ACCOUNT NUMBER [REDACTED]	OWNERSHIP DESIGNATION STATE	ACCOUNT OPENING DATE 02/24/2017	REVISED CARD DATE 04/02/25
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Opened/Updated By BRIGETTE HYRAMS 34805 Approved By N/A Branch Location 8750276

IDENTIFICATION

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

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

Employer _____ Cell Phone Number (N/A) 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 N/A 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 (____) _____

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: _____

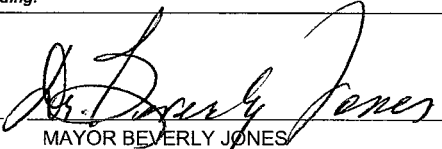
ID: _____

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.

N/A BERVERLY JONES  4.2.25
TIN of Signer Printed Name MAYOR BEVERLY JONES DATE

N/A _____
TIN of Signer Printed Name DATE

N/A _____
TIN of Signer Printed Name DATE

TRUIST SIGNATURE CARD GEORGIA

NAME AND ADDRESS OF DEPOSITOR			
CITY OF STONE MOUNTAIN			
SPLOST FUND 09			
875 MAIN ST			
STONE MOUNTAIN		GA	30083-3620
ACCOUNT NUMBER	OWNERSHIP DESIGNATION	ACCOUNT OPENING DATE	REVISED CARD DATE
	STATE	04/19/2018	04/02/2025

Opened/Updated By BRIGETTE HYRAMS 34805 Approved By _____ Branch Location 8750276

IDENTIFICATION

Type of ID SSID Issued By GA 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

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.) _____

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:

- 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 code(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.

58-6000670
TIN of Depositor

CITY OF STONE MOUNTAIN
Printed Name of Depositor

MAYOR BEVERLY JONES

4.2.25
DATE

TIN of Signer

Printed Name of Signer

DATE

TRUIST SIGNATURE CARD ADDENDUM

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

ACCOUNT NUMBER [REDACTED]	OWNERSHIP DESIGNATION STATE	ACCOUNT OPENING DATE 04/19/2018	REVISED CARD DATE 04/02/2025
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Opened/Updated By BRIGETTE HYRAMS 34805 Approved By N/A Branch Location 8750276

IDENTIFICATION

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

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

Employer _____ Cell Phone Number (N/A) 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 N/A 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 (____) _____

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.

N/A BEVERLY JONES [Signature] 4-2-25
TIN of Signer Printed Name MAYOR BEVERLY JONES DATE

N/A _____
TIN of Signer Printed Name DATE

N/A _____
TIN of Signer Printed Name DATE

TRUIST SIGNATURE CARD GEORGIA

NAME AND ADDRESS OF DEPOSITOR			
CITY OF STONE MOUNTAIN			
DOWNTOWN DEVELOPMENT AUTHORITY			
875 MAIN ST			
STONE MOUNTAIN		GA	30083-3620
ACCOUNT NUMBER	OWNERSHIP DESIGNATION	ACCOUNT OPENING DATE	REVISED CARD DATE
	STATE	11/05/2011	04/02/2025

Opened/Updated By BRIGETTE HYRAMS 34805 Approved By _____ Branch Location 8750276

Type of ID <u>SSID</u>		Issued By <u>GA</u>	ID Number <u>DA-17076816</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 (____) _____	

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.) _____

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:

- 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 code(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.

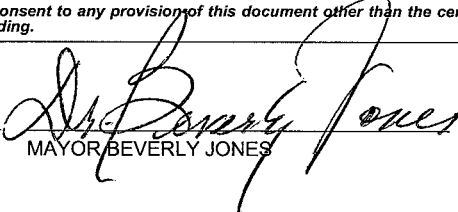
Name of Beneficiary: _____	SSN/EIN: _____	Relationship: _____
Address of Beneficiary: _____		
ID: _____		
Name of Beneficiary: _____	SSN/EIN: _____	Relationship: _____
Address of Beneficiary: _____		
ID: _____		
Name of Beneficiary: _____	SSN/EIN: _____	Relationship: _____
Address of Beneficiary: _____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

58-6000670	CITY OF STONE MOUNTAIN		4.2.25
TIN of Depositor	Printed Name of Depositor	MAYOR BEVERLY JONES	DATE
TIN of Signer	Printed Name of Signer		DATE

TRUIST SIGNATURE CARD ADDENDUM

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

ACCOUNT NUMBER [REDACTED]	OWNERSHIP DESIGNATION STATE	ACCOUNT OPENING DATE 11/05/2011	REVISED CARD DATE 04/02/2025
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Opened/Updated By BRIGETTE HYRAMS 34805 Approved By N/A Branch Location 8750276

IDENTIFICATION

Type of ID SSID Issued By GA ID Number DA-17076816 Expiration Date _____ Date of Birth _____

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

Employer _____ Cell Phone Number (N/A) 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 N/A 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 (____) _____

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: _____

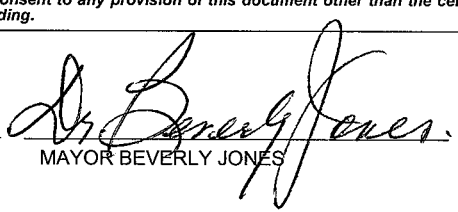
ID: _____

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.

N/A	MAYOR BEVERLY JONES		4.2.25
TIN of Signer	Printed Name	MAYOR BEVERLY JONES	DATE
N/A			
TIN of Signer	Printed Name		DATE
N/A			
TIN of Signer	Printed Name		DATE

TRUIST SIGNATURE CARD GEORGIA

NAME AND ADDRESS OF DEPOSITOR			
CITY OF STONE MOUNTAIN			
CONFISCATED FUND			
875 MAIN ST			
STONE MOUNTAIN		GA	30083-3620
ACCOUNT NUMBER	OWNERSHIP DESIGNATION	ACCOUNT OPENING DATE	REVISED CARD DATE
	STATE	07/18/2003	04/02/2025

Opened/Updated By BRIGETTE HYRAMS 34805 Approved By _____ Branch Location 8750276

IDENTIFICATION

Type of ID SSID Issued By GA 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

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.) _____

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:

- 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 code(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.

58-6000670
TIN of Depositor

CITY OF STONE MOUNTAIN
Printed Name of Depositor

MAYOR BEVERLY JONES

DATE

TIN of Signer

Printed Name of Signer

DATE

TRUIST SIGNATURE CARD ADDENDUM

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

ACCOUNT NUMBER [REDACTED]	OWNERSHIP DESIGNATION STATE	ACCOUNT OPENING DATE 07/18/2003	REVISED CARD DATE 04/02/2025
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Opened/Updated By BRIGETTE HYRAMS 34805 Approved By N/A Branch Location 8750276

IDENTIFICATION
Type of ID SSID Issued By GA ID Number _____ Expiration Date _____ Date of Birth _____
Second Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____
Employer _____ Cell Phone Number (N/A) 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 N/A 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 (____) _____

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

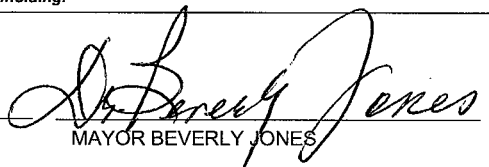
By my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Services Agreement" and the "Business Deposit Accounts Fee Schedule" and on behalf of the Depositor agree to the terms of each document; and (2) I/We give consent to verify my/our credit references.

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.

N/A
TIN of Signer

BEVERLY JONES
Printed Name

 4.2.25
MAYOR BEVERLY JONES
DATE

N/A
TIN of Signer

Printed Name

DATE

N/A
TIN of Signer

Printed Name

DATE

TRUIST SIGNATURE CARD GEORGIA

NAME AND ADDRESS OF DEPOSITOR			
CITY OF STONE MOUNTAIN			
SPLOST II			
875 MAIN ST			
STONE MOUNTAIN		GA	30083-3620
ACCOUNT NUMBER	OWNERSHIP DESIGNATION	ACCOUNT OPENING DATE	REVISED CARD DATE
[REDACTED]	STATE	02/02/2024	04/02/2025

Opened/Updated By BRIGETTE HYRAMS 34805 Approved By _____ Branch Location 8750276

SSID GA **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

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.) _____

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:

- 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: _____

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.

58-6000670
TIN of Depositor

CITY OF STONE MOUNTAIN
Printed Name of Depositor

MAYOR BEVERLY JONES

DATE

TIN of Signer

Printed Name of Signer

DATE

TRUIST SIGNATURE CARD ADDENDUM

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

ACCOUNT NUMBER [REDACTED]	OWNERSHIP DESIGNATION STATE	ACCOUNT OPENING DATE 07/18/2003	REVISED CARD DATE 04/02/2025
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Opened/Updated By BRIGETTE HYRAMS 34805 Approved By N/A Branch Location 8750276

IDENTIFICATION

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

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

Employer _____ Cell Phone Number (N/A) 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 N/A 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 (____) _____

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.

N/A BEVERLY JONES *Beverly Jones* 4.2.25
TIN of Signer Printed Name MAYOR BEVERLY JONES DATE

N/A _____ _____ _____
TIN of Signer Printed Name DATE

N/A _____ _____ _____
TIN of Signer Printed Name DATE

TRUIST SIGNATURE CARD GEORGIA

NAME AND ADDRESS OF DEPOSITOR			
CITY OF STONE MOUNTAIN			
875 MAIN ST			
STONE MOUNTAIN		GA	30083-3620
ACCOUNT NUMBER	OWNERSHIP DESIGNATION	ACCOUNT OPENING DATE	REVISED CARD DATE
	STATE	02/19/2008	04/02/2025

Opened/Updated By BRIGETTE HYRAMS 34805 Approved By _____ Branch Location 8750276

IDENTIFICATION

Type of ID SSID Issued By GA 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

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.) _____

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:

- 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: _____

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

Address of Beneficiary: _____

ID: _____

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

Address of Beneficiary: _____

ID: _____

BUSINESS ACCOUNTS

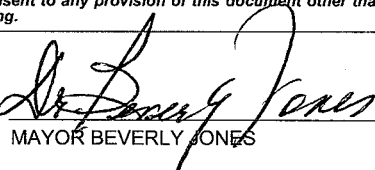
By my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Services Agreement" and the "Business Deposit Accounts Fee Schedule" and on behalf of the Depositor agree to the terms of each document; and (2) I/We give consent to verify my/our credit references.

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.

58-6000670
TIN of Depositor

CITY OF STONE MOUNTAIN
Printed Name of Depositor


MAYOR BEVERLY JONES

4-2-25
DATE

TIN of Signer

Printed Name of Signer

DATE

TRUIST SIGNATURE CARD ADDENDUM

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

ACCOUNT NUMBER [REDACTED]	OWNERSHIP DESIGNATION STATE	ACCOUNT OPENING DATE 02/19/2008	REVISED CARD DATE 04/02/2025
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Opened/Updated By BRIGETTE HYRAMS 34805 Approved By N/A Branch Location 8750276

IDENTIFICATION

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

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

Employer _____ Cell Phone Number (N/A) 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 N/A 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 (____) _____

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.

N/A BERVERLY JONES  4-2-25
TIN of Signer Printed Name MAYOR BEVERLY JONES DATE

N/A _____
TIN of Signer Printed Name DATE

N/A _____
TIN of Signer Printed Name DATE

TRUIST SIGNATURE CARD GEORGIA

NAME AND ADDRESS OF DEPOSITOR			
CITY OF STONE MOUNTAIN			
DOWNTOWN DEVELOPMENT AUTHORITY			
875 MAIN ST			
STONE MOUNTAIN		GA	30083-3620
ACCOUNT NUMBER	OWNERSHIP DESIGNATION	ACCOUNT OPENING DATE	REVISED CARD DATE
	STATE	07/25/2018	04/02/2025

Opened/Updated By BRIGETTE HYRAMS 34805 Approved By _____ Branch Location 8750276

IDENTIFICATION

Type of ID SSID Issued By GA ID Number DA-17076816 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.) _____

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:

- 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 code(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.

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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.

58-6000670 CITY OF STONE MOUNTAIN Beverly Jones 4.2.25
TIN of Depositor Printed Name of Depositor MAYOR BEVERLY JONES DATE

TIN of Signer Printed Name of Signer DATE

TRUIST SIGNATURE CARD ADDENDUM

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

ACCOUNT NUMBER [REDACTED]	OWNERSHIP DESIGNATION STATE	ACCOUNT OPENING DATE 07/25/2018	REVISED CARD DATE 04/02/2025
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Opened/Updated By BRIGETTE HYRAMS 34805 Approved By N/A Branch Location 8750276

IDENTIFICATION

Type of ID SSID Issued By GA ID Number DA-17076816 Expiration Date _____ Date of Birth _____

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

Employer _____ Cell Phone Number (N/A) 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 N/A 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 (____) _____

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: _____

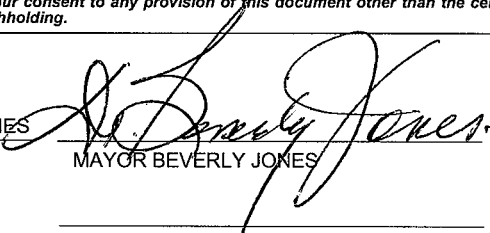
ID: _____

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.

N/A	MAYOR BEVERLY JONES		4.2.25
TIN of Signer	Printed Name	MAYOR BEVERLY JONES	DATE
N/A			
TIN of Signer	Printed Name		DATE
N/A			
TIN of Signer	Printed Name		DATE

TRUIST SIGNATURE CARD GEORGIA

NAME AND ADDRESS OF DEPOSITOR			
CITY OF STONE MOUNTAIN			
SEIZED FUNDS FOR HOLDING			
875 MAIN ST			
STONE MOUNTAIN		GA	30083-3620
ACCOUNT NUMBER	OWNERSHIP DESIGNATION	ACCOUNT OPENING DATE	REVISED CARD DATE
[REDACTED]	STATE	02/24/2017	04/02/25

Opened/Updated By BRIGETTE HYRAMS 34805 Approved By _____ Branch Location 8750276

IDENTIFICATION
 Type of ID SSID Issued By GA 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
 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.) _____
 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.

58-6000670
 TIN of Depositor

CITY OF STONE MOUNTAIN
 Printed Name of Depositor

MAYOR BEVERLY JONES

DATE

TIN of Signer

Printed Name of Signer

DATE

TRUIST SIGNATURE CARD ADDENDUM

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

ACCOUNT NUMBER [REDACTED]	OWNERSHIP DESIGNATION STATE	ACCOUNT OPENING DATE 02/24/2017	REVISED CARD DATE 04/02/25
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Opened/Updated By BRIGETTE HYRAMS 34805 Approved By N/A Branch Location 8750276

IDENTIFICATION

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

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

Employer _____ Cell Phone Number (N/A) 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 N/A 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 (____) _____

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: _____

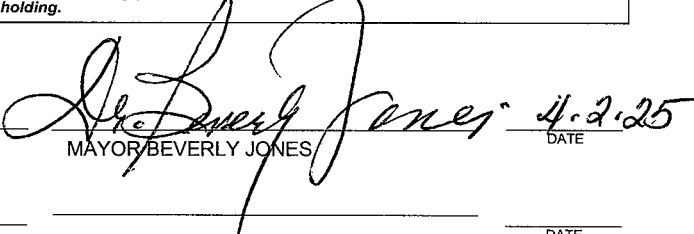
ID: _____

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.

N/A	BERVERLY JONES		4.2.25
TIN of Signer	Printed Name	MAYOR BEVERLY JONES	DATE
N/A			
TIN of Signer	Printed Name		DATE
N/A			
TIN of Signer	Printed Name		DATE