

## **RESOLUTION 2025-\_\_\_\_**

### **A RESOLUTION OF THE CITY COUNCIL OF STONE MOUNTAIN, GEORGIA, TO ENGAGE AN INDEPENDENT INVESTIGATOR TO INVESTIGATE AND REPORT ON THE RECENT INTERACTIONS BETWEEN THE MAYOR AND TRUIST BANK**

**WHEREAS**, O.C.G.A. § 36-35-3(a) provides, in part, that the City Council shall have legislative power to adopt clearly reasonable ordinances, resolutions, or regulations relating to its property, affairs, and local government for which no provision has been made by general law and which are not inconsistent with the Constitution or any charter provision applicable thereto; and

**WHEREAS**, operation and management of the City's bank accounts is an administrative function under the purview of the City Manager as the chief executive and administrative officer of the City (*see City Charter*, Sec. 2.29); and

**WHEREAS**, the City has, for many years, maintained multiple bank accounts at Truist Bank (formerly Sun Trust Bank) (the "Bank"); and

**WHEREAS**, pursuant to the City Charter, Sec. 2.32(6), one of the duties of the Mayor is to sign, along with an individual so designated by majority vote of the City Council, all checks for the payment of money; and

**WHEREAS**, the Mayor has no authority to be the sole signer of any City checks or the designated "Authorized Representative" on the City's bank accounts (*see City Charter*, Sec. 2.32(6)); and

**WHEREAS**, pursuant to an email communication dated May 7, 2025, City Manager, Shawn Edmondson advised the Mayor and City Council as to concerns about interactions between Mayor, Dr. Beverly Jones, and the Bank (the "City Manager's Notice"). A true and correct copy of the City Manager's Notice, together with its original attachments, is attached hereto as Exhibit "A" and incorporated herein.

**WHEREAS**, the City Manager's Notice included documentation provided from the Bank, wherein it appears, based on such documentation, that on April 2, 2025, Mayor Jones engaged with the Bank and executed a "Resolution for Deposit Account" regarding all City bank accounts maintained at the Bank, representing and certifying in such resolution, that the information on such resolution is consistent with the governing documents or records of the City. *See* Exhibit "A"; and

**WHEREAS**, the resolution filed with the Bank, under signature of Mayor Jones, represents that Mayor Jones is the sole Authorized Representative and signer on all of the City's bank accounts, which appears to be inconsistent with, and in excess of, the authority conveyed to the Mayor by the City Charter; and

**WHEREAS**, based upon the City Manager's Notice and concerns that Mayor Jones acted in contravention to the City Charter and outside of her authority with respect to the financial

practices of the City, the City Council desires to engage an independent investigator to investigate the matter and report back to the City Council regarding these recent interactions between the Mayor and the Bank.

**NOW THEREFORE BE IT RESOLVED** by the City Council of the City of Stone Mountain, Georgia, this \_\_\_\_\_ day of \_\_\_\_\_, 2025, as follows:

1. The City Attorney is directed to finalize the proposed retention agreement with Chris Balch, Esq., which retention agreement is attached hereto and marked as Exhibit “B” (the “Retention Agreement”), and to transmit the same to Mr. Balch for purposes of his engagement as an independent investigator to investigate the recent interactions between the Mayor and the Bank and to report back to City Council according to the terms and conditions set forth in the Retention Agreement.
2. The Mayor, City Council, and the City Manager shall fully cooperate with the independent investigator’s requests for information related to fulfillment of his obligations under the Retention Agreement.
3. This Resolution was adopted upon a Motion to Approve being made by Council Member \_\_\_\_\_ which Motion was seconded by Council Member \_\_\_\_\_. Upon a vote by the City Council on the Motion, \_\_\_\_ Council Members voted in favor of the Motion and \_\_\_\_\_ Council Members voted against the Motion.

(signature page follows)

**CITY OF STONE MOUNTAIN, GEORGIA**

\_\_\_\_\_  
Dr. Beverly Jones, Mayor

\_\_\_\_\_  
Anita Bass, Council Member (Post 1)

\_\_\_\_\_  
Mark Marianos, Council Member (Post 2)

\_\_\_\_\_  
Ryan Smith, Council Member (Post 3)

\_\_\_\_\_  
Gil Freeman, Council Member (Post 4)

\_\_\_\_\_  
Shawnette Bryant, Council Member (Post 5)

\_\_\_\_\_  
Teresa Crowe, Council Member (Post 6)

ATTEST: \_\_\_\_\_  
Shavala Ames, City Clerk

[Affix City Seal]

## **EXHIBIT A**

**From:** [Shawn Edmondson](#)  
**To:** [Governing Authority Manager](#)  
**Cc:** [Angela Davis](#)  
**Subject:** Unauthorized Bank Resolution and Signature Card Changes – Charter Violation and Corrective Actions  
**Date:** Wednesday, May 7, 2025 8:55:00 PM  
**Attachments:** [COSM Resolution and Signature Card.pdf](#)

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Mayor and Council,

Good evening. I am writing to inform you of a serious matter concerning unauthorized changes made to the City's banking resolution and signature cards by Mayor Jones.

On April 2nd, Mayor Jones visited Truist Bank and executed documents to recreate the City's bank resolution, signing all signature cards and designating herself as the sole signer on City accounts. This action was taken without Council authorization or knowledge, and for over a month, these unilateral changes remained undisclosed to both the governing body and City administration.

While Truist Bank has confirmed that an authorized representative or signer can technically change a resolution unilaterally, they clarified that such actions are done at the signer's own discretion and remain bound by all applicable municipal laws and governance policies. In this case, the City Charter expressly prohibits any single elected official—including the Mayor—from independently altering the City's financial controls or modifying signatories without formal approval by the governing body.

In response to this violation, I have submitted a new, Council-compliant resolution (Fully Executed) to Truist Bank to re-establish appropriate signatory controls and safeguard the City's financial accounts. Additionally, I am actively exploring options to transition the City's accounts to a new banking institution that can better support and protect the City's financial governance framework moving forward.

This unauthorized action not only violates the Charter but also undermines the essential checks and balances designed to protect the City's fiscal integrity and public trust. I have consulted with the City Attorney's office, and we are reviewing all legal remedies to fully address and rectify this situation.

### Next Steps:

1. The bank has been notified and is reviewing the revised resolution.
2. The City Attorney's office is preparing recommendations for legal and governance remedies.
3. I will present banking transition options to Council to ensure the City's financial security.

I will keep Council updated as we work through the legal and administrative steps necessary to resolve this matter and prevent any future recurrence.

Please contact me directly if you have any questions or need further information.



*Shawn Edmondson*  
Shawn Edmondson, MBA  
City Manager  
Phone: (770) 879-4980 x123  
Fax: (770) 498-8609  
Email: [sedmondson@stonemountaincity.org](mailto:sedmondson@stonemountaincity.org)  
875 Main Street  
Stone Mountain, GA 30083  
[www.stonemountaincity.org](http://www.stonemountaincity.org)

# TRUIST

## RESOLUTION FOR DEPOSIT ACCOUNT

CITY OF STONE MOUNTAIN

58-6000670

Name of Entity

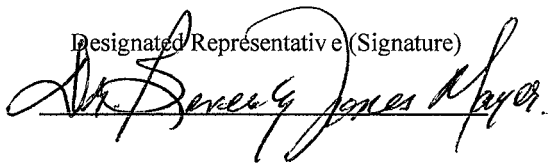
TIN

- |   |   |   |
|---|---|---|
| <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: \_\_\_\_\_ SSNEIN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Beneficiary: \_\_\_\_\_

ID: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ SSNEIN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Beneficiary: \_\_\_\_\_

ID: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ SSNEIN: \_\_\_\_\_ 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 (\_\_\_\_) \_\_\_\_\_

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: \_\_\_\_\_

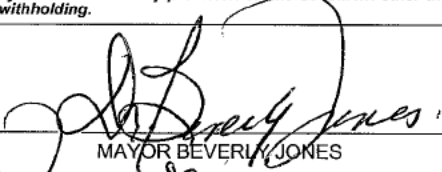
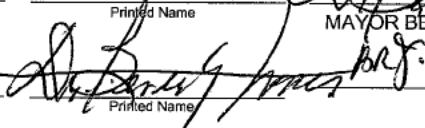
ID: \_\_\_\_\_

## 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		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
[REDACTED]	STATE	05/11/2016	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:

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: \_\_\_\_\_ SSNEIN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Beneficiary: \_\_\_\_\_

ID: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ SSNEIN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Beneficiary: \_\_\_\_\_

ID: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ SSNEIN: \_\_\_\_\_ 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 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 05/11/2016	REVISED CARD DATE 04/02/2025
Opened/Updated By <u>BRIGETTE HYRAMS 34805</u>		Approved By <u>N/A</u> Branch Location <u>8750276</u>	

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: \_\_\_\_\_

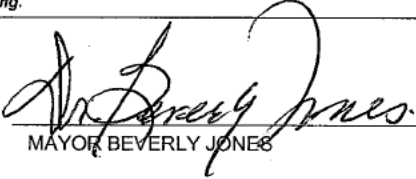
ID: \_\_\_\_\_

## 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			
ARPA FUND 12			
875 MAIN ST			
STONE MOUNTAIN		GA	30083-3620
ACCOUNT NUMBER	OWNERSHIP DESIGNATION	ACCOUNT OPENING DATE	REVISED CARD DATE
	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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**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: \_\_\_\_\_ SSNEIN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Beneficiary: \_\_\_\_\_

ID: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ SSNEIN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Beneficiary: \_\_\_\_\_

ID: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ SSNEIN: \_\_\_\_\_ 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 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 (\_\_\_\_) \_\_\_\_\_

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: \_\_\_\_\_ SSNEIN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Beneficiary: \_\_\_\_\_

ID: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ SSNEIN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Beneficiary: \_\_\_\_\_

ID: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ SSNEIN: \_\_\_\_\_ 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  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
	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 (\_\_\_\_) \_\_\_\_\_

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: \_\_\_\_\_

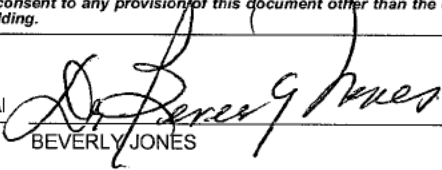
ID: \_\_\_\_\_

**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	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

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: \_\_\_\_\_

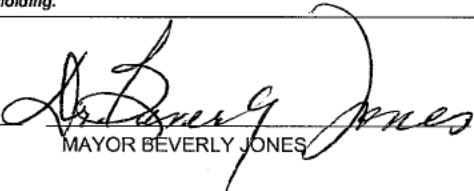
ID: \_\_\_\_\_

## 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		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
	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
Opened/Updated By <u>BRIGETTE HYRAMS 34805</u>		Approved By <u>N/A</u> Branch Location <u>8750276</u>	

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: \_\_\_\_\_

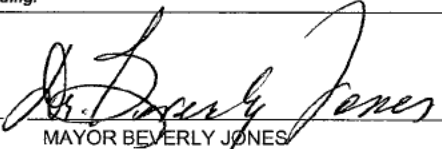
ID: \_\_\_\_\_

## BUSINESS ACCOUNTS

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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:

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- 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: \_\_\_\_\_ SSNEIN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Beneficiary: \_\_\_\_\_

ID: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ SSNEIN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Beneficiary: \_\_\_\_\_

ID: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ SSNEIN: \_\_\_\_\_ 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 04/19/2018	REVISED CARD DATE 04/02/2025
------------------------------	--------------------------------	------------------------------------	---------------------------------

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: \_\_\_\_\_

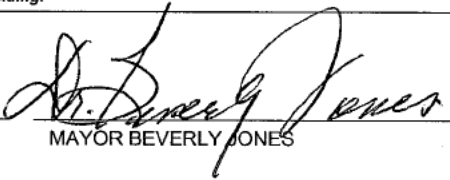
ID: \_\_\_\_\_

## 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		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
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 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.**

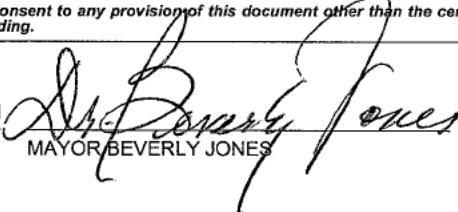
Name of Beneficiary: _____	SSN/EIN: _____	Relationship: _____
Address of Beneficiary: _____		
ID: _____		
Name of Beneficiary: _____	SSN/EIN: _____	Relationship: _____
Address of Beneficiary: _____		
ID: _____		
Name of Beneficiary: _____	SSN/EIN: _____	Relationship: _____
Address of Beneficiary: _____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

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: \_\_\_\_\_

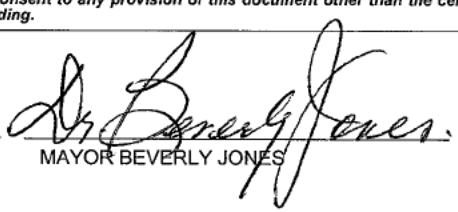
ID: \_\_\_\_\_

## 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
Opened/Updated By <b>BRIGETTE HYRAMS 34805</b>		Approved By <b>N/A</b> Branch Location <b>8750276</b>	

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			
SPLOST II			
875 MAIN ST			
STONE MOUNTAIN		GA	30083-3620
ACCOUNT NUMBER	OWNERSHIP DESIGNATION	ACCOUNT OPENING DATE	REVISED CARD DATE
	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.**

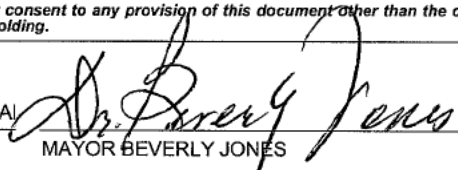
Name of Beneficiary:	SSNEIN:	Relationship:
Address of Beneficiary:		
ID:		
Name of Beneficiary:	SSNEIN:	Relationship:
Address of Beneficiary:		
ID:		
Name of Beneficiary:	SSNEIN:	Relationship:
Address of Beneficiary:		
ID:		

**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		4-2-23
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 07/18/2003	REVISED CARD DATE 04/02/2025
------------------------------	--------------------------------	------------------------------------	---------------------------------

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 \_\_\_\_\_ 4.2.25

TIN of Signer \_\_\_\_\_ Printed Name \_\_\_\_\_ DATE

MAYOR BEVERLY JONES

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: \_\_\_\_\_ SSNEIN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Beneficiary: \_\_\_\_\_

ID: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ SSNEIN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Beneficiary: \_\_\_\_\_

ID: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ SSNEIN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Beneficiary: \_\_\_\_\_

ID: \_\_\_\_\_

**BUSINESS ACCOUNTS**

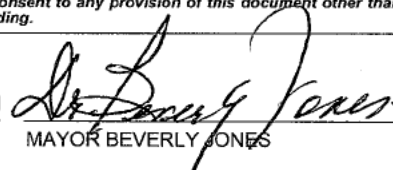
By my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Services Agreement" and the "Business Deposit Accounts Fee Schedule" and on behalf of the Depositor agree to the terms of each document; and (2) I/We give consent to verify my/our credit references.

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
Opened/Updated By <u>BRIGETTE HYRAMS 34805</u>		Approved By <u>N/A</u> Branch Location <u>8750276</u>	

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: \_\_\_\_\_

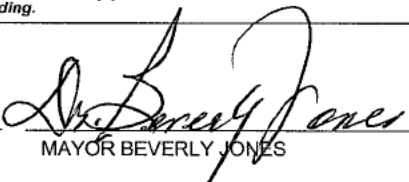
ID: \_\_\_\_\_

## 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:

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**

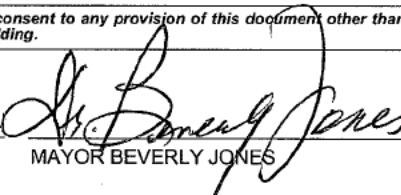
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58-6000670  
TIN of Depositor

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 07/25/2018	REVISED CARD DATE 04/02/2025
------------------------------	--------------------------------	------------------------------------	---------------------------------

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.

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N/A MAYOR 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			
SEIZED FUNDS FOR HOLDING			
875 MAIN ST			
STONE MOUNTAIN		GA	30083-3620
ACCOUNT NUMBER	OWNERSHIP DESIGNATION	ACCOUNT OPENING DATE	REVISED CARD DATE
	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

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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.

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

Name of Beneficiary: \_\_\_\_\_ SSNEIN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Beneficiary: \_\_\_\_\_

ID: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ SSNEIN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Beneficiary: \_\_\_\_\_

ID: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ SSNEIN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Beneficiary: \_\_\_\_\_

ID: \_\_\_\_\_

**BUSINESS ACCOUNTS**

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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.

OWNERSHIP DESIGNATION STATE	ACCOUNT OPENING DATE	REVISED CARD DATE
	02/24/2017	04/02/25

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: \_\_\_\_\_

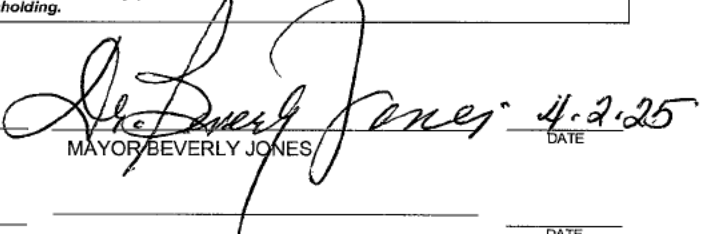
Name of Beneficiary: \_\_\_\_\_ SSN/EIN: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address of Beneficiary: \_\_\_\_\_  
ID: \_\_\_\_\_

## BUSINESS ACCOUNTS

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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.

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



JARRARD & DAVIS, LLP

222 WEBB STREET  
CUMMING, GEORGIA 30040

ANGELA E. DAVIS  
PARTNER  
ADAVIS@JARRARD-DAVIS.COM

PHONE: 678-455-7150  
FAX: 678-455-7149  
WWW.JARRARD-DAVIS.COM

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May 13, 2025

**VIA EMAIL ONLY TO:**

Mr. Chris Balch, Esq.  
Balch Law Group  
830 Glenwood Ave  
Suite 510-220  
Atlanta, GA 30316  
[chris@balchlawgroup.com](mailto:chris@balchlawgroup.com)

**Re: Retention Agreement and Investigative Scope of Work**  
**Matter: Investigation into Mayor Jones' Contact with Truist Bank**  
**Client: City of Stone Mountain, Georgia**

Dear Mr. Balch,

The City of Stone Mountain ("Client") desires to engage you to perform an independent and impartial investigation into allegations set forth in in that certain email correspondence from Shawn Edmondson, City Manager, to the Mayor and City Council Members dated May 7, 2025, regarding Mayor Beverly Jones' recent interactions with Truist Bank related to the management and control of the City's bank accounts. A copy of that email is enclosed, together with a Resolution recently adopted by the City Council related to the same. Please allow this correspondence to set forth the terms of your retention concerning the above-referenced matter and the scope of work for the investigation.

**Terms of Engagement**

The engagement is provided under the following terms and conditions:

1. This matter will be handled on an hourly fee basis. No retainer is required because the entity financially responsible is the City of Stone Mountain. The hourly rate will be \$350 for your attorney-time billed to the nearest 1/10 of an hour. You will be responsible for all billable work performed on this matter.
2. The Client will pay for all reasonable and ordinary expenses of the engagement, which may include copy costs, computerized research, postage, and other out-of-pocket expenses incurred. You shall not be authorized at this time to hire any additional consultants or experts to provide support in the investigation, but should such additional retention become necessary or desirable, you shall seek additional billing authority in writing before incurring such expenses on behalf of the Client.

3. Bills will be submitted directly to the Client on a monthly basis, and such invoices will be paid within thirty (30) days of review and approval by Client.
4. This communication constitutes the entire agreement between the parties with respect to the terms of the engagement.

### Scope of Work

The email referenced above and the allegations contained therein shall form the foundation for the investigation. At a minimum, the City Council would specifically like the following related questions to be addressed in the investigation:

1. How was the Mayor's contact with personnel at Truist Bank regarding this matter initiated?
2. Who all did the Mayor interact with at Truist Bank regarding this matter and how often?
3. What was the extent and nature of the Mayor's interactions with personnel at Truist Bank?
4. What representations did the Mayor make to the personnel at Truist Bank and what was the outcome of those representations?
5. What actions did the Mayor take with Truist Bank and what was the outcome of those actions?
6. What documentation was provided to Truist Bank by the Mayor (and please provide copies of all to the Client)?

The listing of questions is not intended to limit your investigation into the matter. The City Council simply wants to ensure that, at a minimum, the above-referenced questions are specifically addressed. At the conclusion of your investigation, we would ask that you produce a final written report that includes findings of fact (including witness summaries for any interviews that you conduct and affidavits to the extent feasible) and conclusions of law as to whatever laws may, or may not have been, violated as alleged.

As an independent investigator, you have the liberty to conduct the investigation as you see fit. The City Attorney's office will be available to assist you with logistics and contact information for witnesses as you deem necessary, but neither our Firm nor the City will have any role in shaping the investigation, except as outlined herein. We would ask that the investigation be completed by no later than May 30, 2025, but understand that the variables of the investigation may alter that estimated completion date.



Upon your review and approval of these terms and the scope of work, please sign below and return to me. Thank you for your assistance.

Sincerely,

**JARRARD & DAVIS, LLP**

Angela E. Davis

Agreed and Accepted by:

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Christopher Balch, Esq.