

Peninsular Surety Company
7005 NW 41st Street
Miami, FL 33166
Office: (305) 591-0081
Fax: (305) 721-1520

BUF Account Set-up Requirements

Fill out the following information so that your BUF (Build-Up Fund) account can be set-up to your desired specifications.

Date: _____

Agent Number (not required): _____

Agent Name: _____

Name requested to open Account/Statement: _____

(If different from above)

Address to send bank Statement: _____

Social Security Number/Tax ID Number (EIN): _____

**Make checks payable to name requested to open the account.*

Attach completed and signed W-9 Form with a legible copy of your driver's license.

IN WITNESS WHEREOF:

I fully understand this BUF account is open in accordance with my Bail Bond Agreement between agent and Peninsular Surety Co. This BUF account will be opened using my SS# or Federal Tax ID #. Agent, as owner of the account, will pay all taxes due and payable with respect to income with this account. Lexon Insurance Company, as the trustee and signer on the account, is the sole authority to withdraw funds or close the account.

NAME

STATE OF _____
COUNTY OF _____

On _____ before me, the undersigned, a Notary Public in and for said County and State, personally known to me to be the person(s) whose name is subscribed to the within instrument and acknowledged that he executed the same. Witness my hand and official seal.

Notary Public

My commission expires: _____