

# Trustee Certification of Investment Powers

## IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money-laundering activities, Federal law and contractual obligations to National Financial Services ("NFS") require that your Broker/Dealer verify your identity by obtaining your name, date of birth, address, and a government-issued identification number before opening your account. In certain circumstances, your Broker/Dealer may obtain and verify this information with respect to any person(s) authorized to effect transactions in an account. For certain entities, such as trusts, estates, corporations, partnerships, or other organizations, identifying documentation is also required. Your account may be restricted and/or closed if your Broker/Dealer cannot verify this information. Neither your Broker/Dealer nor NFS will be responsible for any losses or damages (including but not limited to lost opportunities) resulting from any failure to provide this information, or from any restriction placed upon, or closing of, your account.

Use this Form to establish, add or change Trustee information on a Trust account. Please complete all sections.

The Trustees authorized on this Form will supersede any earlier designations. If you have any questions, please call your Broker/Dealer.

### 1 Trust Information – Account Level

Name of Trust (Title)

Social Security Number or Taxpayer ID Number           Date of Trust   -   -

For the Benefit of  Grantor

Check here if this is a new address

#### Legal Address – (Required Information – No P.O. Boxes)

Address

City  State  Zip/Postal Code     -

Province (If applicable)  Country

#### Mailing Address – (If different than Legal Address)

Address

City  State  Zip/Postal Code     -

Province (If applicable)  Country

### 2 Certification of Investment Powers

#### A. To: My Broker/Dealer and National Financial Services LLC ("NFS" or "You")

The undersigned certify that the Trust indicated in Section 1 has the following Trustees (attach an additional sheet of paper if necessary).



Account Number    -

**Trustee Information - Second Trustee**

Trustee Name

Social Security Number or Taxpayer ID Number           Date of Birth   -   -

U.S. Driver's License Number  State of Issuance

**Citizenship**  U.S.  Other Indicate Countries

**Legal Address - (Required Information - No P.O. Boxes)**

Address

City  State  Zip/Postal Code     -

Province (If applicable)  Country

**Mailing Address - (If different than Legal Address)**

Address

City  State  Zip/Postal Code     -

Province (If applicable)  Country

Home Phone    -    -     Work Phone    -     Ext

**Government ID - Foreign Citizens Only** (Identification document must carry reference number and photograph.) Please attach a copy.

**Immigration Status**  Permanent Resident  Non-Permanent Resident  Non-Resident

**Place of Birth** City  State/Province  Country

U.S. Driver's License (Provided Above)  INS Permanent Resident Alien Card  Passport with U.S. Visa  Passport without U.S. Visa\*

Foreign National Identity Document\* Document Number  Country of Issuance

**\*Information Required** Bank Name  Account Number  Phone Number

**Employment Status**  Employed  Not Employed  Retired Occupation (List source of income if retired or not employed)

Name of Employer

Employer's Address

City  State  Zip/Postal Code     -

Province (If applicable)  Country

**Affiliations** - Are you affiliated with or employed by a stock exchange or member firm of either an exchange or the Financial Industry Regulatory Authority (FINRA), a municipal securities broker-dealer, or Fidelity?  Yes\* - (If "Yes", complete information below)  No

Name of Company

Company's Address

City  State  Zip/Postal Code     -

Province (If applicable)  Country

\*If you have answered "Yes", you must include a letter of account approval from your Compliance Officer with your account application and indicate your employer's company name and address. Notification of your intent to open an account will be sent to your employer in accordance with the current regulations. An account approval letter is not required for Fidelity employees.

**Are you a "control person" or "affiliate" of a public company as defined in SEC RULE 144? This would include, but is not necessarily limited to, 10% shareholders, policy-making executives and members of the Board of Directors.**  Yes  No

Name of Company  Trading Symbol

For additional SEC RULE 144 relationships, please provide requested details on a separate sheet of paper.

Account Number    -

### Trustee Information - Third Trustee

Trustee Name

Social Security Number or Taxpayer ID Number           Date of Birth   -   -

U.S. Driver's License Number  State of Issuance

**Citizenship**  U.S.  Other Indicate Countries

**Legal Address - (Required Information - No P.O. Boxes)**

Address

City  State  Zip/Postal Code     -

Province (If applicable)  Country

**Mailing Address - (If different than Legal Address)**

Address

City  State  Zip/Postal Code     -

Province (If applicable)  Country

Home Phone    -    -     Work Phone    -     Ext

**Government ID - Foreign Citizens Only** (Identification document must carry reference number and photograph.) Please attach a copy.

**Immigration Status**  Permanent Resident  Non-Permanent Resident  Non-Resident

**Place of Birth** City  State/Province  Country

U.S. Driver's License (Provided Above)  INS Permanent Resident Alien Card  Passport with U.S. Visa  Passport without U.S. Visa\*

Foreign National Identity Document\* Document Number  Country of Issuance

**\*Information Required** Bank Name  Account Number  Phone Number

**Employment Status**  Employed  Not Employed  Retired Occupation (List source of income if retired or not employed)

Name of Employer

Employer's Address

City  State  Zip/Postal Code     -

Province (If applicable)  Country

**Affiliations** - Are you affiliated with or employed by a stock exchange or member firm of either an exchange or the Financial Industry Regulatory Authority (FINRA), a municipal securities broker-dealer, or Fidelity?  Yes\* - (If "Yes", complete information below)  No

Name of Company

Company's Address

City  State  Zip/Postal Code     -

Province (If applicable)  Country

\*If you have answered "Yes", you must include a letter of account approval from your Compliance Officer with your account application and indicate your employer's company name and address. Notification of your intent to open an account will be sent to your employer in accordance with the current regulations. An account approval letter is not required for Fidelity employees.

**Are you a "control person" or "affiliate" of a public company as defined in SEC RULE 144? This would include, but is not necessarily limited to, 10% shareholders, policy-making executives and members of the Board of Directors.**  Yes  No

Name of Company  Trading Symbol

For additional SEC RULE 144 relationships, please provide requested details on a separate sheet of paper.

Account Number -

- B. You have the authority to accept orders and other instructions relative to the Trust accounts identified herein from those individuals or entities listed in Section 2(A). The individuals and entities listed in Section 2(A) may execute any documents on behalf of the Trust which you may require. By signing this form, the Trustee(s) hereby certifies(y) that you are authorized to follow the instructions of any Trustee and to deliver funds, securities, or any other assets in the brokerage account to any Trustee or on any Trustee's instructions, including delivering assets to a Trustee personally. You may, in your sole discretion and for your sole protection, require the written consent of any or all Trustees prior to acting upon the instructions of any Trustee.
  - C. There are no other Trustee(s) of the Trust other than those listed in Section 2(A).
  - D. Should only one person execute this certification, it shall be a representation that the signer is the sole Trustee. Where applicable, plural references in this certification shall be deemed singular.
  - E. We, the Trustees, have the power under the Trust and applicable law to enter into the transactions and issue the instructions that we make in this account. Such power may include, without limitation, the authority to buy, sell (including short sales), exchange, convert, tender, redeem and withdraw assets (including delivery of securities to and from the account) and to trade securities or otherwise (including the purchase and/or sale of option contracts) for and at the risk of the Trust. We understand that all orders and transactions will be governed by the terms and conditions of all other account agreements applicable to this account.
- Please check if not eligible for margin trading.
- F. We, the Trustees, jointly and severally, in our capacities as trustees and individually, indemnify you and National Financial Services LLC ("NFS" (a NYSE member) and hold you and NFS harmless from any claim, loss, expense or other liability for effecting any transactions, and acting upon any instructions given by the Trustees. We, the Trustees, certify that any and all transactions effected and instructions given on this account will be in full compliance with the Trust.
  - G. We, the Trustees, agree to inform you, in writing, of any change in the composition of the Trustees, or any other event which could alter the certifications made above.
  - H. We, the Trustees, agree that any information we give to you on this account will be subject to verification, and we authorize you and/or NFS to obtain a credit report about me (any of us) individually at any time. Upon written request, you will provide the name and address of the credit reporting agency used.
  - I. We, the Trustees, understand that you have entered into an agreement with NFS to execute and clear all Brokerage transactions. We further understand that NFS does not undertake to review individual transactions or instructions but relies upon your instruction and the certification and representation made to you hereunder.
  - J. We, the Trustees, jointly and severally, in our capacity as Trustees, may grant a Power of Attorney to a third party, and we certify that we have the authority under the Terms of the Trust and applicable state law. We, the Trustees, understand that this is a delegation of our fiduciary responsibilities under the Trust. This delegation will be binding on the Trust, all current and successor trustees and Trust beneficiaries.

**3 Certified to You by – All Trustees must sign and date below. By signing below the Trustee(s) hereby certify the information contained herein is accurate and complete.**

Trustee Signature	<input type="text"/>	Date (required)	<input type="text"/>
Trustee Signature	<input type="text"/>	Date (required)	<input type="text"/>
Trustee Signature	<input type="text"/>	Date (required)	<input type="text"/>