# **Trustee Certification of Investment Powers**

Use this form to establish, add or change Trustee information on a Trust account. Type on screen or fill in using CAPITAL letters and black ink. If you need more room for information or signatures, use a copy of the relevant page.

#### Helpful to Know

- The Trustees authorized on this form will supersede any earlier designations. If you have any questions, contact your investment representative.
- The undersigned certify that the Trust, indicated in Section 1, has the following Trustees named in Section 2 of this form.
- If any of the trustees is an an entity, enter the full entity name as evidenced by the relevant formation document (e.g., trust document, partnership agreement, corporate resolution). Additional paperwork may be required.

#### 1. Trust Information

Enter full trust name as 🕨	Full Legal Name of Trust				Date of Trust		
evidenced by the trust							
document.	For the Benefit of (FBO)		Grantor				
Check the appropriate			Grantor				
box for the Taxpayer ID							
and provide the number.	Taxpayer ID Number	Required		State Governin	ng Trust/Country of Organization		
* For foreign entities ONLY.			EIN 🗌 ITIN				
	Type of Government-Issued ID*	ID	Number*				
	State/Country of ID Issuance*	ID Issuance Date*		ID Expiration [	Date*		
Check all that apply. $\blacktriangleright$	Entity is a(n): Accredited Investor	U.S. Register Broker-Deale	red 🗌 U.S. Reg Investme	istered nt Advisor	U.S. Registered Investment Company		
	For Trusts, can the Trust be Amended or Revoked? 🗌 Yes Provide name below. 🗌 No						
	First Name	Middle Name	Last Name				
	Legal Address						
Cannot be a P.O. Box	Address						
or Mail Drop.							
	City	State/Province	Zip/Postal Code	Country			
	Mailing Address						
	Same as Legal Address						
Complete only if	Address						
different from							
Legal Address.							
J	City	State/Province	Zip/Postal Code	Country			
			1				

## 2. Certification of Investment Powers

Trustee 1 Information								
Enter full name as	First Name		Mide	dle Name	1	Last Name		
evidenced by a								
government-issued, unexpired document (e.g.,	Entity Name		-I		_			
driver's license, passport,								
permanent resident card).	Date of Birth MM DD YYYY Email							
	Daytime Phone		Ever	ning Phone				
	Business Title complete if applicable							
	Taxpayer ID Number		Requ	uired			Country of Citizens	hip
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	Type of Government-Issued ID							
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	Legal Address							
Cannot be a P.O. Box	Address Line 1					Address Line 2		
or Mail Drop.								
	City			State/Province	1	Zip/Postal Code		Country
	Mailing Address							<u> </u>
	Same as Legal Address							
Complete only if	Address Line 1 Address Line 2							
different from Legal								
Address above.	City			State/Province	1	Zip/Postal Code		Country
	Income Source, Affiliations,	and Assoc	iatio	ne Industry ra		ulations require	us to ask for this	information
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Check one.		Retired			No	ot Employed		
Provide Income Source if retired or not employed.	Occupation	Inc	come S	ource		E	mployer Name	
retired of not employed.								
	Address Line 1				,	Address Line 2		
	City			State/Province	2	Zip/Postal Code		Country
Check all that apply.			<u> </u>				A	<u> </u>
check an that apply.	└ You are an accredited investor, as defined in Rule 501(a) of the Securities Act of 1933.							
	└ You are associated with a U.S. registered Broker-Dealer that is different than the Broker-Dealer that will hold this account.							
	<ul> <li>You are a member of the board of directors, a 10% shareholder, a policy-making officer, or someone who can direct</li> </ul>							
	the management policies of a publicly traded company.							
	☐ You are employed by or a	ssociated v	with t	he Broker-Dea	ale	er that will hold	this account, as c	lefined in Section 3(a)(18)
	of the Securities Exchange							
	You are associated with a U.S. Registered Investment Advisor.							

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### 2. Certification of Investment Powers continued

Company Name       CUSIP or Symbol         Check this box if any of these scenarios apply to you. You are negistered with or employed by a Financial Industry Regulatory Authority ("FINRA") member firm ("associated person"), you are the spouse of an associated person, are a child who resides in the same household or is financially dependent on the associated person, you are related to an associated person, you are related to an associated person, you are related to an associated person, and the associated person with associate	Check all that apply and provide information.	<ul> <li>You are, or an immediate family/household member is, a senior foreign political figure.</li> <li>You are, your spouse, or any of your relatives (including parents, in-laws and/or dependents, etc.), living in your home (at the same address), is a member of the board of directors, is a 10% shareholder, or is a policy-making officer or can direct corporate management of policies of a publicly traded company (an "Affiliate"). You must provide the information below:</li> </ul>							
Regulatory Authority ("FINRA") member firm ("associated person, you are related person, you are related to an associated person, you are related to an associated person, you are related to an associated person, you are foliated with or employed by FINRA, any other selectric to a provide the information below.         Same as employer above. If different, provide the information below.         Company Name         Address Line 1         Address Line 2         City         State/Province         Zip/Postal Code         Country         State/Province         Zip/Postal Code         Country         Enter full name as operation         Middle Name         Last Name         Business Title complete if applicable         Taxpayer ID Number         Taxpayer ID Number      <		Company Name				CUSIP o	r Symbol		
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Address Line 1       Address Line 2         City       State/Province       Zip/Postal Code       Country         Trustee 2 Information       Enter full name as evidenced by a government-issued, unexpired document (e.g., driver's license, passport, permanent resident card).       First Name       Middle Name       Last Name         Enter full name as evidenced by a government-issued, unexpired document (e.g., driver's license, passport, permanent resident card).       Entity Name       Last Name         Date of Birth MM DD YYYY       Email       Email       Email       Email         Date of Birth MM DD YYYY       Email       Email       Email       Email         Date of Birth MM DD YYYY       Email       Email       Email       Email         Date of Birth MM DD YYYY       Email       Email       Email       Email         Date of Birth MM DD YYYY       Email       Email       Email       Email         Date of Birth MM DD YYY       Email       Email       Email       Email         Date of Birth MM DD YYY       Email       Email       Email       Email         Date of Birth MM DD YYY       Email       Email       Email       Email       Email         State/Country of D Number       Esseme Evening Phone       Dissance Det       D Expiration Date       Email		Regulatory Authority ("FIN are a child who resides in t to an associated person w support to you and has co regulatory organization ("S	IRA") memb the same ho ho has contr ntrol over yo SRO") or a m	per firm ("associate usehold or is finan rol over your accou our account, or you nunicipal securities	d person"), you are cially dependent of unt or an associated a are affiliated with dealer.	e the spouse of a n the associated I person materia	an associated person, you l person, you are related ally contributes financial		
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or Mail Drop.		Legal Address		<u>.</u>		·			
City State/Province Zip/Postal Code Country		Address Line 1			Address Line 2				
		City		State/Province	Zip/Postal Code		Country		

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### 2. Certification of Investment Powers continued

	Mailing Address							
	Same as Legal Address							
Complete only if different from Legal Address above.	Address Line 1			Address Line 2				
Address above.	City		State/Province	Zip/Postal Code		Country		
	Income Source, Affiliations, and As	ssociatio	<b>ns</b> Industry reg	gulations requi	re us to ask for th	is information.		
Check one.	Employed     Retir	red		Not Employed				
Provide Income Source if retired or not employed.	Occupation	Income S	Source		Employer Name			
	Address Line 1			Address Line 2				
	City		State/Province	Zip/Postal Code		Country		
Check all that apply and provide information.	<ul> <li>You are an accredited investor, a:</li> <li>You are associated with a U.S. reaccount.</li> <li>You are a member of the board of the management policies of a puther of the Securities Exchange Act of the Securities Exchange Act of You are associated with a U.S. Response You are, or an immediate family.</li> <li>You are, your spouse, or any of y home (at the same address), is a officer or can direct corporate m provide the information below:</li> </ul>	egistered of directo ublicly tra ted with 1 of 1934. egistered /househo your relat a membe	Broker-Dealer ors, a 10% shar aded company, the Broker-Dea I Investment Ar old member is, tives (including or of the board	that is differen reholder, a poli aler that will ho dvisor. a senior foreig parents, in-lav of directors, is	t than the Broker cy-making officer Id this account, a In political figure. vs and/or depenc a 10% sharehold aded company (a	, or someone who can direct s defined in Section 3(a)(18) dents, etc.), living in your er, or is a policy-making		
	<ul> <li>Check this box if any of these scenarios apply to you. You are registered with or employed by a Financial Industry Regulatory Authority ("FINRA") member firm ("associated person"), you are the spouse of an associated person, you are a child who resides in the same household or is financially dependent on the associated person, you are related to an associated person who has control over your account or an associated person materially contributes financial support to you and has control over your account, or you are affiliated with or employed by FINRA, any other self-regulatory organization ("SRO") or a municipal securities dealer.</li> <li>Same as employer above. If different, provide the information below.</li> </ul>							
	Address Line 1			Address Line 2				
	City		State/Province	Zip/Postal Code		Country		
			1					

## 2. Certification of Investment Powers continued

Trustee 3 Information								
Enter full name as	First Name			dle Name		Last Name		
evidenced by a								
government-issued, unexpired document (e.g.,	Entity Name							
driver's license, passport,								
permanent resident card).								
	Date of Birth MM DD YYYY	Email						
	Daytime Phone		Eve	ning Phone				
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Cannot be a P.O. Box	Address Line 1				Address Line 2			
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Address above.	City			State/Province	e	Zip/Postal Code		Country
	Income Source, Affiliations, and Associations Industry regulations require us to ask for this information.							
		-			-	- ,		
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retired or not employed.								
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Charle all that analy								
Check all that apply.	☐ You are an accredited investor, as defined in Rule 501(a) of the Securities Act of 1933.							
	You are associated with a U.S. registered Broker-Dealer that is different than the Broker-Dealer that will hold this account.							
	You are a member of the board of directors, a 10% shareholder, a policy-making officer, or someone who can direct the management policies of a publicly traded company.							
	You are employed by or associated with the Broker-Dealer that will hold this account, as defined in Section 3(a)(18) of the Securities Exchange Act of 1934.							
	☐ You are associated with a U.S. Registered Investment Advisor.							
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#### 2. Certification of Investment Powers

Check all that apply and provide information.	<ul> <li>You are, or an immediate family/household member is, a senior foreign political figure.</li> <li>You are, your spouse, or any of your relatives (including parents, in-laws and/or dependents, etc.), living in your home (at the same address), is a member of the board of directors, is a 10% shareholder, or is a policy-making officer or can direct corporate management of policies of a publicly traded company (an "Affiliate"). You must provide the information below:</li> </ul>							
	Company Name			CUSIP or Symbol				
	Regulatory Authority ("FINRA are a child who resides in the to an associated person who support to you and has contr regulatory organization ("SRC Same as employer above	employed by a Financial Industry spouse of an associated person, you associated person, you are related rson materially contributes financial mployed by FINRA, any other self-						
	Company Name							
			1					
	Address Line 1		Address Line 2					
	City	State/Province	Zip/Postal Code	Country				

#### 3. Signatures and Dates Form cannot be processed without signatures and dates.

**Customer Identification Program Notice:** To help the government fight financial crimes, Federal regulation requires your Broker-Dealer to obtain your name, date of birth, address, and a government-issued ID number before opening your account, and to verify the information. In certain circumstances, the Clearing Firm or your Broker-Dealer may obtain and verify comparable information for any person authorized to make transactions in an account. Also, Federal regulation requires your Broker-Dealer to obtain and verify the beneficial owners and control persons of legal entity customers, as applicable. Requiring the disclosure of key individuals who own or control a legal entity helps law enforcement investigate and prosecute crimes. Your account may be restricted or closed if the Clearing Firm or your Broker-Dealer cannot obtain and verify this information. The Broker-Dealer or the Clearing Firm will not be responsible for any losses or damages (including, but not limited to, lost opportunities) that may result if your account is restricted or closed.

In the section below, "NFS," "us," and "we" refer to National Financial Services LLC and its officers, directors, employees, agents, affiliates, shareholders, successors, assigns and representatives as the context may require; "you" refers to the account owner(s) indicated on the account form and any authorized individuals; "you" refers to all account owner(s), collectively and individually; "Broker-Dealer" refers to the correspondent managing your account.

By signing below, you certify that:

- Every Trustee has signed below (or you are the sole Trustee, if applicable) and is authorized to make these statements.
- The Trust has not been revoked, modified, or amended in any manner that would cause the statements contained in this Trust certification to be incorrect.
- The Trust exists under all applicable laws.
- You have the authority under the Trust and applicable law to enter into transactions, delegate trading authorization to the other authorized individuals, issue instructions on this account for, and at the risk of, the Trust, and agree that any transactions and instructions will be in full compliance with the Trust.
- You, the Trustees, in your capacity as Trustees, may grant a Power of Attorney to a third party, and you certify that you have the authority under the Terms of the Trust and applicable state law. You, the Trustees, further understand that this is a delegation of

your fiduciary responsibilities under the Trust. This delegation will be binding on the Trust, all current and successor trustees and Trust beneficiaries.

- If allowed for by the provisions of the Trust, one or more of the Trustees listed on this form may in fact be a Power of Attorney (POA). The POA will be referred to as a Trustee throughout this document and will be subject to the same terms and conditions contained herein.
- You authorize us to accept orders and other instructions for this account from any Trustee and/or any other authorized individual or entity. This includes the authority to deliver any or all assets in the account to any Trustee (personally or otherwise), or according to any Trustee's instructions. We, at our option and for our protection, may require approval of other Trustees before acting on any such order or instruction.
- We are not responsible for any claim, loss, expense, or other liability for acting upon any instructions given by the Trustees and/

or any other authorized individual or entity implementing any transactions.

- We may verify all information provided in connection with this form and account, and may obtain credit or other financial responsibility reports with respect to the Trust, the Trustees, and any authorized individuals, and you have the express consent of all individuals who may be the subject of these reports. If requested in writing, we will provide the name and address of the credit reporting agency used.
- You will inform us in writing of any change to these certifications (such as a change of Trustees).
- Certify that all information provided in this application is true, accurate, and complete.
- Indemnify and hold harmless your Broker-Dealer, NFS, FMTC, their officers, directors, employees, agents, affiliates, shareholders, successors, assigns and representatives from any claims or losses that may occur as a result of this transaction.

continued on next page

#### 3. Signatures and Dates continued

 Have instructed your Broker-Dealer to establish, as your agent, an account with us; have appointed your Broker-Dealer as your exclusive agent to act for and on your behalf with respect to all matters regarding your account with us, including the placing of securities purchase and sale orders, the selection of your Core position, including a Bank Deposit Sweep Program, and to act in all respects in connection with such Core position and, provided margin and/or options trading have/has been approved, delivery of margin and option instructions for your account. No fiduciary relationship exists with us. Understand that we will look solely to your Broker-Dealer and not you with respect to such orders or instructions. Any such communications delivered to your Broker-Dealer shall be deemed to have been delivered to you. You agree to hold us harmless from and against any losses, costs or expenses arising in connection with the delivery or receipt of any such communication(s), provided we have acted in accordance with the above. The foregoing shall be effective until written revocation is received by us and your Broker-Dealer.

- Represent and warrant that you have disclosed to your Broker-Dealer your employer information and affiliation status.
- Warrant that this form has not been changed and is identical as originally set forth by us; understand that any alteration of the original form shall be null and void and you shall be bound by the terms of the original; acknowledge that your agreement with us may be terminated if we have reasonable grounds to believe the form has been altered.

All Trustees must sign and date below. By signing below, the Trustee(s) hereby certify the information contained in this form is true, accurate, and complete. If you are signing this form as a POA, you must submit a Power of Attorney Affidavit and Indemnification form, unless one is already on file for this account.

Print Trustee Name First, M.I., Last		Print Trustee Name First, M.I., Last	
Trustee Signature	Date MM - DD - YYYY	Trustee Signature	Date MM - DD - YYYY
sign X	Х	Sign X	Х
Print Trustee Name First, M.I., Last		Print Trustee Name First, M.I., Last	
Trustee Signature	Date MM - DD - YYYY	Trustee Signature	Date MM - DD - YYYY
X	Х		Х

If there are more than 4 trustees, sign in the spaces provided below:

Print Trustee Name First, M.I., Last		Print Trustee Name First, M.I., Last	
Trustee Signature	Date MM - DD - YYYY	Trustee Signature	Date MM - DD - YYYY
	х	Sign X	Х
Print Trustee Name First, M.I., Last		Print Trustee Name First, M.I., Last	
Trustee Signature	Date MM - DD - YYYY	Trustee Signature	Date MM - DD - YYYY
	x	X	Х

National Financial Services LLC, Member NYSE, SIPC

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