Clear Form

Brokerage Account Number

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 and/or 3 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 evidenced by the trust document. ▶

Full Legal Name of Trust | Date of Trust

For the Benefit of (FBO) | Grantor

Check the appropriate box for the Taxpayer ID and provide the number.

** For foreign entities ONLY.*

Taxpayer ID Number | Required ☐ SSN/ITIN ☐ EIN/TIN | State Governing Trust/Country of Organization

Type of Government-Issued ID* | ID Number*

State/Country of ID Issuance* | ID Issuance Date* | ID Expiration Date*

Check all that apply. ▶ **Entity is a(n):** ☐ Accredited Investor ☐ U.S. Registered Broker-Dealer ☐ U.S. Registered Investment 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 or Mail Drop.

Address

City | State/Province | Zip/Postal Code | Country

Mailing Address ☐ Same as Legal Address

Complete only if different from Legal Address.

Address

City | State/Province | Zip/Postal Code | Country

Is this a New Account for an Existing Trust (updating from SSN to TIN due to the death of the grantor)?

☐ No

☐ Yes *Assets will be journaled in kind from existing Trust account:*

Account Number

2. Authorized Entity

Provide information on any entity that is authorized on the account. If completing this section, you will be required to submit additional documentation. Ask your investment representative what documentation is needed.

Entity Information

Enter full entity name as evidenced by the relevant formation document (e.g., trust document, partnership agreement, corporate resolution).

** For foreign entities ONLY.*

If providing an SSN, ensure that the person who is associated with the SSN is listed on this form.

Entity/Trust Name		Date of Trust
Taxpayer ID Number	**Required**	**Country of Organization**
	☐ SSN/ITIN ☐ EIN/TIN	
Type of Government-Issued ID*	**ID Number***	
State/Country of ID Issuance*	**ID Issuance Date***	**ID Expiration Date***

Check all that apply. ▶ **Entity is a(n)**: ☐ Accredited Investor ☐ U.S. Registered Broker-Dealer ☐ U.S. Registered Investment Advisor ☐ U.S. Registered Investment Company

Legal Address

Cannot be a P.O. Box or Mail Drop.

Address Line 1		Address Line 2	
City	**State/Province**	**Zip/Postal Code**	**Country**

Mailing Address ☐ Same as Legal Address

Complete only if different from Legal Address above.

Address Line 1		Address Line 2	
City	**State/Province**	**Zip/Postal Code**	**Country**

3. Certification of Investment Powers

Trustee 1 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

Entity Name

Date of Birth *MM DD YYYY*	Email

Primary Phone	Alternate Phone
☐ Mobile	

Business Title *complete if applicable*

Taxpayer ID Number	Required	Country of Citizenship
	☐ SSN/ITIN ☐ EIN/TIN	
Type of Government-Issued ID	**ID Number**	
State/Country of ID Issuance	**ID Issuance Date**	**ID Expiration Date**

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3. Certification of Investment Powers *continued*

Legal Address

Cannot be a P.O. Box or Mail Drop.

Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

Mailing Address ☐ Same as Legal Address

Complete only if different from Legal Address above.

Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

Income Source, Affiliations, and Associations *Industry regulations require us to ask for this information.*

Check one. ☐ Employed ☐ Retired ☐ Not Employed

Provide Income Source if retired or not employed.

Occupation	Income Source	Employer Name

Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

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.

Check all that apply and provide information.

☐ You are, or an immediate family/household member is, a senior foreign political figure.

☐ 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:

Company Name	CUSIP or Symbol

☐ 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.

☐ 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

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3. Certification of Investment Powers *continued*

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

Entity Name

Date of Birth *MM DD YYYY*	Email

Primary Phone	Alternate Phone
☐ Mobile	

Business Title *complete if applicable*

Taxpayer ID Number	Required	Country of Citizenship
	☐ SSN/ITIN ☐ EIN/TIN	

Type of Government-Issued ID	ID Number

State/Country of ID Issuance	ID Issuance Date	ID Expiration Date

Legal Address

Cannot be a P.O. Box or Mail Drop.

Address Line 1		Address Line 2	
City	**State/Province**	**Zip/Postal Code**	**Country**

Mailing Address ☐ Same as Legal Address

Complete only if different from Legal Address above.

Address Line 1		Address Line 2	
City	**State/Province**	**Zip/Postal Code**	**Country**

Income Source, Affiliations, and Associations *Industry regulations require us to ask for this information.*

Check one. ☐ Employed ☐ Retired ☐ Not Employed

Provide Income Source if retired or not employed.

Occupation	Income Source	Employer Name

Address Line 1		Address Line 2	
City	**State/Province**	**Zip/Postal Code**	**Country**

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3. Certification of Investment Powers *continued*

Check all that apply and provide information.

- ☐ 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.
- ☐ You are, or an immediate family/household member is, a senior foreign political figure.
- ☐ 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:

Company Name	CUSIP or Symbol

- ☐ 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.
  - ☐ 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

Trustee 3 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

Entity Name

Date of Birth *MM DD YYYY*	Email

Primary Phone	Alternate Phone
☐ Mobile	

Business Title *complete if applicable*

Taxpayer ID Number	Required	Country of Citizenship
	☐ SSN/ITIN ☐ EIN/TIN	

Type of Government-Issued ID	ID Number

State/Country of ID Issuance	ID Issuance Date	ID Expiration Date

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3. Certification of Investment Powers *continued*

Legal Address

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Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

Mailing Address ☐ Same as Legal Address

Complete only if different from Legal Address above.

Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

Income Source, Affiliations, and Associations *Industry regulations require us to ask for this information.*

Check one. ☐ Employed ☐ Retired ☐ Not Employed

Provide Income Source if retired or not employed.

Occupation	Income Source	Employer Name

Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

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.

Check all that apply and provide information.

☐ You are, or an immediate family/household member is, a senior foreign political figure.

☐ 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:

Company Name	CUSIP or Symbol

☐ 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.

☐ 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

4. 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.
- 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.

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4. Signatures and Dates *Form cannot be processed without signatures and dates.* ***continued***

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 *Full First, Middle, Last Name*	
Trustee Signature	Date *MM - DD - YYYY*
SIGN X	

Print Trustee Name *Full First, Middle, Last Name*	
Trustee Signature	Date *MM - DD - YYYY*
SIGN X	

Print Trustee Name *Full First, Middle, Last Name*	
Trustee Signature	Date *MM - DD - YYYY*
SIGN X	

Print Trustee Name *Full First, Middle, Last Name*	
Trustee Signature	Date *MM - DD - YYYY*
SIGN X	

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

Print Trustee Name *Full First, Middle, Last Namet*	
Trustee Signature	Date *MM - DD - YYYY*
SIGN X	

Print Trustee Name *Full First, Middle, Last Name*	
Trustee Signature	Date *MM - DD - YYYY*
SIGN X	

Print Trustee Name *Full First, Middle, Last Name*	
Trustee Signature	Date *MM - DD - YYYY*
SIGN X	

Print Trustee Name *Full First, Middle, Last Name*	
Trustee Signature	Date *MM - DD - YYYY*
SIGN X	

To Be Completed by the Correspondent

I _____, authorized individual for the Broker-Dealer, have reviewed the foregoing and hereby certify to NFS that (i) Broker-Dealer has performed the required due diligence of the account documentation pursuant to Broker-Dealer's obligation as set forth in the clearing agreement between NFS and Broker-Dealer; and (ii) nothing in this Trustee Certification of Investment Power conflicts with the applicable entity certification document.

Authorized Individual Signature *for Broker-Dealer*	Broker-Dealer	Date *MM - DD - YYYY*