

Trustee Certification of Investment Powers

Use this form to establish, add or change Trustee information on a Trust account. The Trustees authorized on this form will supersede any earlier designations.

If you have any questions, contact your investment representative. 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.

1. Trust Information

Check the appropriate box for the Taxpayer ID Number and provide the number.	Full Legal Name of Trust			
	For the Benefit of (FBO)		Grantor	
	Date of Trust MM DD YYYY	Required <input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	State Law Governing Trust

For Trusts, can the Trust be Amended or Revoked? Yes *Provide name below.* No

First Name	Middle Name	Last Name
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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

2. Certification of Investment Powers

The undersigned certify that the Trust indicated in Section 1 has the following Trustees.

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
Date of Birth MM DD YYYY	Email	
Daytime Phone	Evening Phone	
Country of Citizenship		Country of Tax Residency
<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Type of Government-Issued ID
ID Number		
State/Country of ID Issuance	ID Issuance Date MM DD YYYY	ID Expiration Date MM DD YYYY

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2. Certification of Investment Powers *continued*



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

Legal Address

Address			
City	State/Province	Zip/Postal Code	Country

Mailing Address Same as Legal Address

Complete only if
different from Legal
Address above.

Address			
City	State/Province	Zip/Postal Code	Country

Employer Information and Affiliations

Check one and
provide information.
Provide Income Source if
retired or not employed.

Employed Retired Not Employed

Occupation	Income Source	Employer Name	
Address			
City	State/Province	Zip/Postal Code	Country

Check all that apply and
provide information.

- You are, or an immediate family/household member is, a senior foreign political figure.
- You are a control person or affiliate or an immediate family/household member of a control person or associate of a publicly traded company under SEC Rule 144. *This would include, but is not limited to, a director, 10% shareholder, policy-making officer, and members of the board of directors.*

Company Name	CUSIP or Symbol
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- 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			
City	State/Province	Zip/Postal Code	Country

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2. 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
Date of Birth MM DD YYYY		Email	
Daytime Phone		Evening Phone	
Country of Citizenship		Country of Tax Residency	
<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Type of Government-Issued ID	ID Number
State/Country of ID Issuance	ID Issuance Date MM DD YYYY	ID Expiration Date MM DD YYYY	

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 above.

Address			
City	State/Province	Zip/Postal Code	Country

Employer Information and Affiliations

Check one and provide information. Provide Income Source if retired or not employed.

Employed Retired Not Employed

Occupation	Income Source	Employer Name	
Address			
City	State/Province	Zip/Postal Code	Country

Check all that apply and provide information.

- You are, or an immediate family/household member is, a senior foreign political figure.
- You are a control person or affiliate or an immediate family/household member of a control person or associate of a publicly traded company under SEC Rule 144. *This would include, but is not limited to, a director, 10% shareholder, policy-making officer, and members of the board of directors.*

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			
City	State/Province	Zip/Postal Code	Country

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2. Certification of Investment Powers *continued*

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
Date of Birth MM DD YYYY		Email	
Daytime Phone		Evening Phone	
Country of Citizenship		Country of Tax Residency	
<input type="checkbox"/> SSN	<input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Type of Government-Issued ID
State/Country of ID Issuance		ID Issuance Date MM DD YYYY	ID Expiration Date MM DD YYYY
		ID Number	

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 above.

Address			
City	State/Province	Zip/Postal Code	Country

Employer Information and Affiliations

Check one and provide information. Provide Income Source if retired or not employed.

Employed Retired Not Employed

Occupation	Income Source	Employer Name	
Address			
City	State/Province	Zip/Postal Code	Country

Check all that apply and provide information.

- You are, or an immediate family/household member is, a senior foreign political figure.
- You are a control person or affiliate or an immediate family/household member of a control person or associate of a publicly traded company under SEC Rule 144. *This would include, but is not limited to, a director, 10% shareholder, policy-making officer, and members of the board of directors.*

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			
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. 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/had 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 if you have not checked the boxes for Affiliations and Corporate Control Status you are not associated with or employed by a stock exchange, the Financial Industry Regulatory Authority or a Broker/Dealer and that you are not a control person or affiliate of a public company under SEC Rule 144 (such as a director, 10% shareholder, or a policy-making officer), or an immediate family or household member of such a person.
- 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 <i>First, M.I., Last</i>	
Trustee Signature	Date <i>MM - DD - YYYY</i>
SIGN ▶	▶

Print Trustee Name <i>First, M.I., Last</i>	
Trustee Signature	Date <i>MM - DD - YYYY</i>
SIGN ▶	▶

Print Trustee Name <i>First, M.I., Last</i>	
Trustee Signature	Date <i>MM - DD - YYYY</i>
SIGN ▶	▶