

Trustee Certification of Investment Powers

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

Name of Trust (Title) _____ Date of Trust - -

Address _____ Check here if this is a new address

City _____ State _____ Zip _____

Tax ID or S.S. # - - Brokerage Account # -

Daytime Phone #: _____

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).

FIRST TRUSTEE			
First Name	Middle Initial	Last Name	
Social Security # <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Street Address*	City	State	Zip
Employer	Occupation		
SECOND TRUSTEE			
First Name	Middle Initial	Last Name	
Social Security # <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Street Address*	City	State	Zip
Employer	Occupation		
THIRD TRUSTEE			
First Name	Middle Initial	Last Name	
Social Security # <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Street Address*	City	State	Zip
Employer	Occupation		
FOURTH TRUSTEE			
First Name	Middle Initial	Last Name	
Social Security # <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Street Address*	City	State	Zip
Employer	Occupation		

*If different than the Trust's address.

Affiliations

Are any of the Trustees affiliated with or employed by a stock exchange or member firm of an exchange?

No Yes If yes**, Trustee's Name _____

Company Name and Address _____

Are any of the Trustees a director, 10% shareholder, or policy-making executive of a public company?

No Yes If yes, Trustee's Name _____

Company Trading Symbol _____

**If yes, a letter of account approval from the Compliance Officer of the employing firm must be provided with this TCIP.

- 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.

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Certified to You by (All Trustees must sign and date)

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