

TRUST ACCOUNT CERTIFICATION FORM

BNY Brokerage Services, P.O. Box 9008, Hicksville, NY 11802-9008

Section 1. Trust Information

Please use this document in conjunction with copies of the Title Page, Signature Page section of your trust document. Please **DO NOT** send a copy of the complete Trust Agreement.

All Questions below are required to be answered. If any are left blank, it can lead to a delay in processing.

Indicate the Type of Trust:

☐ Revocable Living Trust

☐ Irrevocable Trust

☐ Testamentary Trust

Trust Information:

Trust Name *(Decedent's name if a Testamentary Trust)*

Date of Trust

Trust Tax ID Number

By whom is it revocable or amendable?

Trustor/Grantor/Settlor Name

Trust is Governed by the State of

Trustor/Grantor/Settlor SSN

Trustor/Grantor/Settlor Date of Birth

Trustor/Grantor/Settlor Country of Citizenship

Trustor/Grantor/Settlor Country of Legal Residence

1: Are All Trustees of This Trust Natural Persons ☐ Yes ☐ No

If no list what type of entity:_____

2: Are All Beneficiaries of This Trust Natural Persons? ☐ Yes ☐ No

If no list what type of entity:_____

3: Is the Trust duly organized under, and its termination provision complies with, applicable law? ☐ Yes ☐ No

Has the Original Trust Agreement Been Amended or Restated? ☐ Yes ☐ No

Date(s) of Amendment(s)/Restatement(s)_____

Trust Mailing Address

City

State

Zip Code

Section 2. Trustee Section

a. I/We do hereby certify the Trustee(s) can act independently without the consent of other Trustee(s).
(BNY Brokerage Services will not monitor Trust Accounts where multiple Trustees must act in unison.)

b. Name Current Trustee(s) and Co-Trustee(s). *(Do not Name Successor Trustees in this section)*

Trustee Name

Co-Trustee Name

Co-Trustee Name

Co-Trustee Name

There are no other trustees of the Trust other than the undersigned.

Section 3. The Powers of the Trust

The questions below refer to what the Trust Agreement allows the Trustee(s) to do.

The undersigned Trustees certify that they have the power under the Trust Agreement and applicable state or local law to enter into transactions for the purchase and sale of securities and other investments, including without limitation, stocks (preferred or common), bonds, mutual funds, and certificates of deposit.

EACH QUESTION IN THIS SECTION MUST BE ANSWERED. If the section is not completed, it may cause a delay in the opening of the account.

IN ADDITION TO THE FOREGOING POWERS, THE UNDERSIGNED TRUSTEE(S) ARE SPECIFICALLY AUTHORIZED TO:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Maintain margin accounts and through such accounts borrow money to withdraw funds on margin, purchase securities on margin and to pledge those securities and all others in the margin account as security for the loan. | ☐ YES | ☐ NO |
| 2. Sell securities that the Trust does not own (short sales) and borrow securities to facilitate this practice. | ☐ YES | ☐ NO |
| 3. Engage in the purchase of call options. | ☐ YES | ☐ NO |
| 4. Engage in covered call writing. | ☐ YES | ☐ NO |
| 5. Engage in purchase of put options. | ☐ YES | ☐ NO |
| 6. Engage in the sale of uncovered call and put options and engage in spread, straddle and all other options strategies. | ☐ YES | ☐ NO |
| 7. Delegate Trustee powers to third parties, like investment advisers or other agents, under a Power of Attorney (POA). Copy of POA delegating power in undersigned capacity as Trustee is also required. | ☐ YES | ☐ NO |
| 8. Establish and maintain an asset management account with a debit card and/or check writing, and margin privileges from which account funds are directly spent, the responsibility for which is entirely that of the Trustee(s). | ☐ YES | ☐ NO |
| 9. Receive on behalf of the Trust or deliver to the Trust or third parties monies, stocks, bonds, and other securities. To sell, assign, and endorse for transfer certificates representing stocks, bonds, and other securities now registered or hereafter registered in the name of the Trust. | ☐ YES | ☐ NO |
| 10. Transfer any and all assets of the Trust to or for the benefit of the Trust or any of the Trustee(s) Individually or any third party. | ☐ YES | ☐ NO |

Section 4. Successor Trustee(s)

Indicate below the person(s) who are authorized by the Trust Agreement to take over as Trustee should the current Trustee(s) resign or are unable to perform their duty as Trustee. (Additional documents will be required to change trustee information.)

Name of Successor Trustee

Name of Successor Trustee

Section 5. Trustee(s) Indemnification and Signatures (Please read and sign below)

The undersigned Trustees jointly and severally indemnify and hold harmless BNY MELLON SECURITIES CORPORATION and PERSHING LLC, and each of their affiliates, officers, directors, employees, agents, successors or assigns, from any liability (including attorney’s fees) from any claims, judgments, expenses, liabilities or costs of defense or settlement arising out of or related to breach of any representation or warranty made herein, or from effecting any transfers or transactions pursuant to instructions given by any of the Trustees or Successor Trustees, or any actual improper or unsuitable action resulting from instructions given to BNY MELLON SECURITIES CORPORATION or PERSHING LLC by any of the Trustees. This indemnification is made by us both in our capacities as Trustees and in our individual capacities. We certify that the Trust is currently in existence, had not been revoked, modified or amended in any manner that would cause the certifications herein to be incorrect and, we agree to inform BNY MELLON SECURITIES CORPORATION IMMEDIATELY in writing of any amendment to the Trust, any change in the composition of the Trustees, or any other event which could alter the certifications made above. We acknowledge BNY MELLON SECURITIES CORPORATION’s or PERSHING’s right to examine the Trust Agreement and hereby agree to provide BNY MELLON SECURITIES CORPORATION or PERSHING LLC with a copy of the Trust Agreement if so requested. (Where applicable, plural references in this certification shall be deemed singular.)

TRUSTEE NAME	SIGNATURE	DATE
TRUSTEE NAME	SIGNATURE	DATE
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STATE OF _____ COUNTY OF _____ ss.: _____

On _____ before me, the undersigned, personally appeared

personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

