

TRUSTEE CERTIFICATION OF INVESTMENT POWERS

Important Information about procedures for opening a new account To help the government fight the funding of terrorism and money-laundering activities, Federal law and contractual obligations to National Financial Services ("NFS") require that your Broker/Dealer verify your identity by obtaining your name, date of birth, address, and a government-issued identification number before opening your account. In certain circumstances, your Broker/Dealer may obtain and verify this information with respect to any person(s) authorized to effect transactions in an account. For certain entities, such as trusts, estates, corporations, partnerships, or other organizations, identifying documentation is also required. Your account may be restricted and/or closed if your Broker/Dealer cannot verify this information. Neither your Broker/Dealer nor NFS will be responsible for any losses or damages (including but not limited to lost opportunities) resulting from any failure to provide this information, or from any restriction placed upon, or closing of, your account.

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 ACCOUNT INFORMATION

<p>▶ TRUST NAME</p> <p>▶ FOR THE BENEFIT OF</p> <p>▶ Legal Address <i>No P.O. boxes</i></p> <p>ADDRESS LINE 1</p> <p>ADDRESS LINE 2</p> <p>CITY STATE/PROVINCE ZIP/POSTAL CODE</p> <p>COUNTRY</p>	<p>▶ TAX ID NUMBER TRUST DATE <i>Required for Trusts</i></p> <p>▶ GRANTOR</p> <p>▶ Mailing Address <input type="checkbox"/> <i>Same as Legal Address</i></p> <p>ADDRESS LINE 1</p> <p>ADDRESS LINE 2</p> <p>CITY STATE/PROVINCE ZIP/POSTAL CODE</p> <p>COUNTRY</p>
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2. CERTIFICATION OF INVESTMENT POWERS

A. To: My Broker/Dealer ("You") and National Financial Services LLC ("NFS")

The undersigned certify that the Trust indicated in Section 1 has the following Trustees (attach an additional sheet of paper if necessary).

Trustee Information

For Tenants in Common, indicate this owner's share: _____

<p>▶ FULL LEGAL NAME <i>first, middle, last</i> ▶ DATE OF BIRTH <i>mm/dd/yyyy</i></p> <p>DAY PHONE EVENING PHONE</p> <p>E-MAIL</p> <p><input type="checkbox"/> Single/Divorced/Widowed <input type="checkbox"/> Married No. of Dependents: _____</p> <p>▶ Legal Address <i>No P.O. boxes</i> <input type="checkbox"/> <i>Same as Primary Holder's Legal Address</i></p> <p>ADDRESS LINE 1</p> <p>ADDRESS LINE 2</p> <p>CITY STATE/PROVINCE ZIP/POSTAL CODE</p> <p>COUNTRY</p>	<p>▶ COUNTRY OF CITIZENSHIP</p> <p>▶ <input type="checkbox"/> SOCIAL SECURITY NO. <input type="checkbox"/> TAXPAYER ID NO. ▶ COUNTRY OF TAX RESIDENCE</p> <p>▶ TYPE OF GOVERNMENT-ISSUED ID ▶ ID NUMBER</p> <p>▶ STATE/COUNTRY OF ID ISSUANCE ID ISSUANCE DATE ▶ ID EXPIRATION DATE</p> <p>▶ Mailing Address <input type="checkbox"/> <i>Same as Legal Address of This Account Holder</i></p> <p>ADDRESS LINE 1</p> <p>ADDRESS LINE 2</p> <p>CITY STATE/PROVINCE ZIP/POSTAL CODE</p> <p>COUNTRY</p>
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ACCOUNT NUMBER

Employer Information and Affiliations *Attach additional sheet if needed.*

► **Employment Status** Employed Retired Not Employed

OCCUPATION _____ INCOME SOURCE *If retired or not employed* _____

EMPLOYER NAME _____

ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

CITY _____ STATE/PROVINCE _____ ZIP _____ COUNTRY _____

► I am I am not a senior foreign political figure, or a family member or close relative of a senior foreign political figure.

► Check this box if you are a control person or affiliate or an immediate family/household member of a control person or affiliate 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 _____ COMPANY SYMBOL/CUSIP _____

► Check this box if you are affiliated with, or employed by, a stock exchange, or a member firm of an exchange or Financial Industry Regulatory Authority (FINRA), or a municipal securities dealer. *If yes, provide name of entity:*

Same as My Employer.

AFFILIATED ENTITY NAME _____

ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

CITY _____ STATE/PROVINCE _____ ZIP _____ COUNTRY _____

Trustee Information

For Tenants in Common, indicate this owner's share: _____

► FULL LEGAL NAME *first, middle, last* _____ ► DATE OF BIRTH *mm/dd/yyyy* _____

DAY PHONE _____ EVENING PHONE _____

E-MAIL _____

Single/Divorced/Widowed Married No. of Dependents: _____

► **Legal Address** *No P.O. boxes* Same as Primary Holder's Legal Address

ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____

COUNTRY _____

► COUNTRY OF CITIZENSHIP _____

► SOCIAL SECURITY NO. TAXPAYER ID NO. ► COUNTRY OF TAX RESIDENCE _____

► TYPE OF GOVERNMENT-ISSUED ID _____ ► ID NUMBER _____

► STATE/COUNTRY OF ID ISSUANCE ID ISSUANCE DATE ► ID EXPIRATION DATE _____

► **Mailing Address** Same as Legal Address of This Account Holder

ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____

COUNTRY _____

Employer Information and Affiliations *Attach additional sheet if needed.*

► **Employment Status** Employed Retired Not Employed

OCCUPATION _____ INCOME SOURCE *If retired or not employed* _____

EMPLOYER NAME _____

ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

CITY _____ STATE/PROVINCE _____ ZIP _____ COUNTRY _____

► I am I am not a senior foreign political figure, or a family member or close relative of a senior foreign political figure.

► Check this box if you are a control person or affiliate or an immediate family/household member of a control person or affiliate 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 _____ COMPANY SYMBOL/CUSIP _____

► Check this box if you are affiliated with, or employed by, a stock exchange, or a member firm of an exchange or Financial Industry Regulatory Authority (FINRA), or a municipal securities dealer. *If yes, provide name of entity:*

Same as My Employer.

AFFILIATED ENTITY NAME _____

ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

CITY _____ STATE/PROVINCE _____ ZIP _____ COUNTRY _____

ACCOUNT NUMBER

Trustee Information

For Tenants in Common, indicate this owner's share: _____

FULL LEGAL NAME first, middle, last DATE OF BIRTH mm/dd/yyyy
DAY PHONE EVENING PHONE
E-MAIL
Single/Divorced/Widowed Married No. of Dependents:

Legal Address No P.O. boxes Same as Primary Holder's Legal Address

ADDRESS LINE 1
ADDRESS LINE 2
CITY STATE/PROVINCE ZIP/POSTAL CODE
COUNTRY

COUNTRY OF CITIZENSHIP
SOCIAL SECURITY NO. TAXPAYER ID NO. COUNTRY OF TAX RESIDENCE
TYPE OF GOVERNMENT-ISSUED ID ID NUMBER
STATE/COUNTRY OF ID ISSUANCE ID ISSUANCE DATE ID EXPIRATION DATE

Mailing Address Same as Legal Address of This Account Holder

ADDRESS LINE 1
ADDRESS LINE 2
CITY STATE/PROVINCE ZIP/POSTAL CODE
COUNTRY

Employer Information and Affiliations Attach additional sheet if needed.

Employment Status Employed Retired Not Employed

OCCUPATION INCOME SOURCE If retired or not employed
EMPLOYER NAME
ADDRESS LINE 1
ADDRESS LINE 2
CITY STATE/PROVINCE ZIP COUNTRY

Check this box if you are a control person or affiliate or an immediate family/household member of a control person or affiliate of a publicly traded company under SEC Rule 144

COMPANY NAME COMPANY SYMBOL/CUSIP

Check this box if you are affiliated with, or employed by, a stock exchange, or a member firm of an exchange or Financial Industry Regulatory Authority (FINRA), or a municipal securities dealer. If yes, provide name of entity: Same as My Employer.

AFFILIATED ENTITY NAME
ADDRESS LINE 1
ADDRESS LINE 2
CITY STATE/PROVINCE ZIP COUNTRY

I am I am not a senior foreign political figure, or a family member or close relative of a senior foreign political figure.

- 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).
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.
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.
F. We, the Trustees, jointly and severally, in our capacities as trustees and individually, indemnify you and National Financial Services LLC ("NFS")
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.
I. We, the Trustees, understand that you have entered into an agreement with NFS to execute and clear all Brokerage transactions.
J. We, the Trustees, jointly and severally, in our capacity as Trustees, may grant a Power of Attorney to a third party, and we certify that we have the authority under the Terms of the Trust and applicable state law.

