Trustee Certification of Investment Powers

ADVISOR SOLUTIONS

For use with Pershing Advisor Solutions LLC ("Pershing Advisor Solutions") brokerage custody and BNY Mellon, National Association ("BNY") bank custody accounts. All capitalized terms used but not defined in this form shall have the same meanings as set forth in the Terms and Conditions accompanying your Account Application and Agreement.

If you are opening a trust account, please complete and submit this form with your Account Application and Agreement (the "Agreement"). In order for this Trustee Certification of Powers to be a valid substitute for your trust agreement, this form must be completed in its entirety and must be signed by all trustees. In addition, Advisor Solutions requires a copy of the pages of the Last Will and Testament and any codicils thereto for a testamentary trust (the "Will"), or trust agreement, as well as any amendment(s) thereto, that show the grantor(s), trustee(s), trust date, signature page(s), notarization page(s) (if any), and trust title (if any) (the "Relevant Pages") matching the information in this form. Typically, this information is included on the trust's first page and signature page(s). Please note that the account will not be accepted until the Relevant Pages are provided.

Unless requested to do so, please do not provide Advisor Solutions with the entire trust document. Doing so may delay the account opening process. Instead, please just initially provide Advisor Solutions with the Relevant Pages.

Account Number

STEP 1. TRUST/ CUSTOMER/ LEGAL ENTITY INFORMATION

Title of the Trust to Which this Certification Applies		
Effective Date of Trust		Latest Amendment or Restatement Date
Trust Type ☐ Revocable ☐ Irrevocable	Governing State Law	
Taxpayer Identification Number	Taxpayer Identification Type ☐ Employer Identification Number (EIN) ☐ Social Security Number (SSN)	
Number of Trustees on the Account	Is this customer registered? (If a Statutory Trust, Yes must be selected; otherwise, select No) ☐ Yes ☐ No	

Trust Type:

- ☐ Charitable Trust
- ☐ Defective Trust
- ☐ Family Trust
- ☐ Generation Skipping Trust*
- ☐ Insurance Trust
- ☐ Irrevocable Living Trust
- ☐ Irrevocable Trust
- ☐ Living Trust
- ☐ QTIP Trust
- ☐ Qualified Domestic Trust
- ☐ Revocable Trust
- ☐ Special Needs Trust
- ☐ Statutory Trust
- ☐ Testamentary Trust

*For trusts held in brokerage accounts, trust can only be opened as an Irrevocable Trust without Generation Skipping trust distinction.

Is the legal entity exempted from the Customer Due Diligence Rule ("CDD")?
(Statutory and foreign trusts cannot be considered exempt) ☐ Yes ☐ No

Describe the intended nature and purpose/objective of the trust (provide background of beneficiary relationship or charity mission):

- If the trust is statutory (employee benefit plan, for example), the nature and purpose can be noted as "employee benefit plan".
- For non-statutory trusts, provide a general description of the beneficiaries for whom the trust was established. Include the beneficiaries' relation to the settlor/grantor (e.g., children or siblings of the grantor). Any non-standard situations where the beneficiaries' relationship to the grantor/settlor is atypical needs to be explained and may require further due diligence.
- Nature and purpose for charitable trusts should be relative to the charity's formation.

TRST

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Is the customer a employee benefit plan? ☐ Yes ☐ No

Type of employee benefit plan

☐ ERISA / Defined Contribution Plan ☐ ERISA / Defined Benefit Plan ☐ ERISA / Non-Retirement Plan
☐ Defined Contribution Plan ☐ Defined Benefit Plan ☐ Non-Retirement Plan

Is the customer an offshore trust** ? ☐ Yes ☐ No

**An offshore trust is defined as a trust that a Settlor, Trustee, Grantor, Donor establishes in a jurisdiction that is different from their primary country of residence.

STEP 2. POWERS OF THE TRUSTEE(S)

The undersigned trustee(s) certify that under the trust agreement and applicable state or local law, they have the power 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. The undersigned trustee(s) also certify that they have the power to hire third parties such as investment advisers and other agents and delegate investment authority to them.

In addition to the stated powers, please check the corresponding box to indicate additional features/authorities permitted by the trust. For bank custody solutions, only General Borrowing and Power of Attorney are permitted from the powers listed below. All other powers listed are for brokerage accounts only:

☐ **Margin/Lending/General Borrowing.** If checked, the trust authorizes the trustee(s) to maintain a margin and/or short account and purchase securities on margin, to sell and borrow securities that the trust does not own (i.e., short selling), to borrow money, and to grant authority to the brokerage firm, acting as principal or otherwise, to pledge, re-pledge, hypothecate or re-hypothecate assets of the trust. Margin/short selling is only permissible in brokerage custody accounts. In addition, the trust also permits entering into non-purpose loans and collateralized third-party loans.

☐ **Cash/Asset Management Account.** If checked, a cash or asset management account is permitted by the trust. The responsibility for the activity, which may include debit card and/or check writing ability, is entirely with the trustee(s). This feature is requested via a separate application. (Note that Corestone is not available in bank custody accounts.)

☐ **Power of Attorney.** If checked, the trustee(s) represent and certify that the trust permits a power of attorney. A power of attorney form or similar empowering document and Additional Account Holder Supplement is required. Advisor Solutions may require a copy of the trust document.

☐ **Option Trading.** If checked, option trading is authorized by the trust.

STEP 3. NATURAL PERSONS

1. Are all trustees of this trust natural persons?	☐ Yes	☐ No
2. Are all beneficiaries of this trust natural persons?	☐ Yes	☐ No
3. Is the trust duly organized and validly existing under applicable law?	☐ Yes	☐ No

STEP 4. TRUSTEE INFORMATION

If there are additional trustees, submit additional copies of the trustee Information section of this form containing all required information. If there are more than four trustees, submit additional copies of the Trustee Indemnification and Signatures section of this form, including signatures of all the trustees.

*All entity trustees requires a six digit NAICS industry code. A complete list of NAICS is available at: https://www.naics.com/naics-drilldown-table/. Please visit this Federal Government website to determine the appropriate code for your entity and provide NAICS information below.

Trustee 1 Name	
Entity Name (if applicable)	
Social Security Number/Employer Identification Number (EIN)	Trustee Type ☐ Person ☐ Entity
Date of Birth	NAICS Industry Code (Required when trustee is an entity)*

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Email Address			
Home Phone	Business Phone	Mobile Phone	
Legal Address (no P.O. box)			
City		State/Province	Zip/Postal Code
Country			
Mailing Address (if different from legal address)			
City		State/Province	Zip/Postal code
Country			
Previous Physical Address (if current address less than two years old)			
City		State/Province	Zip/Postal code
Country			

Citizenship/Country of Incorporation

Proof of address is required for each Non-U.S. person and or U.S. citizens living abroad. Examples include: driver's license, utility bill dated within six months, or property tax bill.

Please check only one:

☐ U.S. Citizen ☐ U.S. Resident Alien ☐ Non-Resident Alien (please provide a valid government ID)

Primary Citizenship/Country of Incorporation	Additional Citizenship

Employment Status and Industry Affiliations

If employed/ self-employed is indicated, please complete all employment fields.

☐ Employed ☐ Self-Employed ☐ Retired ☐ Unemployed ☐ Homemaker ☐ Student

Occupation	Years Employed	If self-employed, start date (MM/YYYY)
Employer Name	Type of Business	
Employer's Address		
City	State/Province	Zip/Postal Code
Country		

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If you or an immediate family member is affiliated with a broker-dealer, obtain and attach the compliance officer's letter of approval (as required by FINRA Rule 3210).

☐ Check if you are affiliated with a broker-dealer.

If you are affiliated with a broker-dealer that is not your employer, please provide the name of that broker-dealer below.

Broker-Dealer Name

☐ Check if a member of your immediate family is affiliated with a broker dealer.

Broker-Dealer Name	Employee Name	Relationship

☐ Check if you are a member/employee or related to a member/employee of a self-regulatory organization (i.e., NYSE or FINRA).

If checked, please list the affiliation here

☐ Check if you, or an immediate family member, is a director, 10% shareholder, policy-making officer or controlling person of a publicly traded company.

If checked, please provide company(ies) and symbol(s)

Disclosure Required Under the USA PATRIOT ACT

Are you, currently or formerly, either (1) a senior military, governmental, or political official, or (2) closely associated with an immediate family member of such an official? ☐ Yes* ☐ No

If yes, identify the name of the official, office held and country

*If yes, your Financial Organization must submit a Politically Exposed Person Questionnaire with this request.

Trustee 2

Name		
Entity Name (if applicable)		
Social Security Number/Employer Identification Number (EIN)	Trustee Type ☐ Person ☐ Entity	
Date of Birth	NAICS Industry Code (Required when trustee is an entity)*	
Email Address		
Home Phone / Business Phone	Mobile Phone	
Legal Address (no P.O. box)		
City	State/Province	Zip/Postal Code
Country		
Mailing Address (if different from legal address)		
City	State/Province	Zip/Postal code
Country		
Previous Physical Address (if current address less than two years old)		
City	State/Province	Zip/Postal code
Country		

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Citizenship/Country of Incorporation

Proof of address is required for each Non-U.S. person and or U.S. citizens living abroad. Examples include: driver's license, utility bill dated within six months, or property tax bill.

Please check only one:

☐ U.S. Citizen ☐ U.S. Resident Alien ☐ Non-Resident Alien (please provide a valid government ID)

Primary Citizenship/Country of Incorporation	Additional Citizenship

Employment Status and Industry Affiliations

If employed/ self-employed is indicated, please complete all employment fields.

☐ Employed ☐ Self-Employed ☐ Retired ☐ Unemployed ☐ Homemaker ☐ Student

Occupation	Years Employed	If self-employed, start date (MM/YYYY)

Employer Name	Type of Business

Employer's Address

City	State/Province	Zip/Postal Code

Country

If you or an immediate family member is affiliated with a broker-dealer, obtain and attach the compliance officer's letter of approval (as required by FINRA Rule 3210).

☐ Check if you are affiliated with a broker-dealer.

If you are affiliated with a broker-dealer that is not your employer, please provide the name of that broker-dealer below.

Broker-Dealer Name

☐ Check if a member of your immediate family is affiliated with a broker dealer.

Broker-Dealer Name	Employee Name	Relationship

☐ Check if you are a member/employee or related to a member/employee of a self-regulatory organization (i.e., NYSE or FINRA).

If checked, please list the affiliation here

☐ Check if you, or an immediate family member, is a director, 10% shareholder, policy-making officer or controlling person of a publicly traded company.

If checked, please provide company(ies) and symbol(s)

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Are you, currently or formerly, either (1) a senior military, governmental, or political official, or (2) closely associated with an immediate family member of such an official? ☐ Yes* ☐ No

If yes, identify the name of the official, office held and country

*If yes, your Financial Organization must submit a Politically Exposed Person Questionnaire with this request.

Trustee 3

Name

Entity Name (if applicable)

Social Security Number/Employer Identification Number (EIN)	Trustee Type ☐ Person ☐ Entity

Date of Birth	NAICS Industry Code (Required when trustee is an entity)*

Email Address

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Home Phone	Business Phone	Mobile Phone	
Legal Address (no P.O. box)			
City		State/Province	Zip/Postal Code
Country			
Mailing Address (if different from legal address)			
City		State/Province	Zip/Postal code
Country			
Previous Physical Address (if current address less than two years old)			
City		State/Province	Zip/Postal code
Country			

Citizenship/Country of Incorporation

Proof of address is required for each Non-U.S. person and or U.S. citizens living abroad. Examples include: driver's license, utility bill dated within six months, or property tax bill.

Please check only one:

☐ U.S. Citizen ☐ U.S. Resident Alien ☐ Non-Resident Alien (please provide a valid government ID)

Primary Citizenship/Country of Incorporation	Additional Citizenship

Employment Status and Industry Affiliations

If employed/ self-employed is indicated, please complete all employment fields.

☐ Employed ☐ Self-Employed ☐ Retired ☐ Unemployed ☐ Homemaker ☐ Student

Occupation	Years Employed	If self-employed, start date (MM/YYYY)
Employer Name	Type of Business	
Employer's Address		
City	State/Province	Zip/Postal Code
Country		

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☐ Check if you are affiliated with a broker-dealer.

If you are affiliated with a broker-dealer that is not your employer, please provide the name of that broker-dealer below.

Broker-Dealer Name

☐ Check if a member of your immediate family is affiliated with a broker dealer.

Broker-Dealer Name	Employee Name	Relationship

☐ Check if you are a member/employee or related to a member/employee of a self-regulatory organization (i.e., NYSE or FINRA).

If checked, please list the affiliation here

☐ Check if you, or an immediate family member, is a director, 10% shareholder, policy-making officer or controlling person of a publicly traded company.

If checked, please provide company(ies) and symbol(s)

Disclosure Required Under the USA PATRIOT ACT

Are you, currently or formerly, either (1) a senior military, governmental, or political official, or (2) closely associated with an immediate family member of such an official? ☐ Yes* ☐ No

If yes, identify the name of the official, office held and country

*If yes, your Financial Organization must submit a Politically Exposed Person Questionnaire with this request.

Trustee 4

Name		
Entity Name (if applicable)		
Social Security Number/Employer Identification Number (EIN)	Trustee Type ☐ Person ☐ Entity	
Date of Birth	NAICS Industry Code (Required when trustee is an entity)*	
Email Address		
Home Phone / Business Phone	Mobile Phone	
Legal Address (no P.O. box)		
City	State/Province	Zip/Postal Code
Country		
Mailing Address (if different from legal address)		
City	State/Province	Zip/Postal code
Country		
Previous Physical Address (if current address less than two years old)		
City	State/Province	Zip/Postal code
Country		

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Citizenship/Country of Incorporation

Proof of address is required for each Non-U.S. person and or U.S. citizens living abroad. Examples include: driver's license, utility bill dated within six months, or property tax bill.

Please check only one:

☐ U.S. Citizen ☐ U.S. Resident Alien ☐ Non-Resident Alien (please provide a valid government ID)

Primary Citizenship/Country of Incorporation	Additional Citizenship

Employment Status and Industry Affiliations

If employed/ self-employed is indicated, please complete all employment fields.

☐ Employed ☐ Self-Employed ☐ Retired ☐ Unemployed ☐ Homemaker ☐ Student

Occupation	Years Employed	If self-employed, start date (MM/YYYY)

Employer Name	Type of Business

Employer's Address

City	State/Province	Zip/Postal Code

Country

If you or an immediate family member is affiliated with a broker-dealer, obtain and attach the compliance officer's letter of approval (as required by FINRA Rule 3210).

☐ Check if you are affiliated with a broker-dealer.

If you are affiliated with a broker-dealer that is not your employer, please provide the name of that broker-dealer below.

Broker-Dealer Name

☐ Check if a member of your immediate family is affiliated with a broker dealer.

Broker-Dealer Name	Employee Name	Relationship

☐ Check if you are a member/employee or related to a member/employee of a self-regulatory organization (i.e., NYSE or FINRA).

If checked, please list the affiliation here

☐ Check if you, or an immediate family member, is a director, 10% shareholder, policy-making officer or controlling person of a publicly traded company.

If checked, please provide company(ies) and symbol(s)

Disclosure Required Under the USA PATRIOT ACT

Are you, currently or formerly, either (1) a senior military, governmental, or political official, or (2) closely associated with an immediate family member of such an official? ☐ Yes* ☐ No

If yes, identify the name of the official, office held and country

*If yes, your Financial Organization must submit a Politically Exposed Person Questionnaire with this request.

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STEP 5. GRANTOR INFORMATION

Notes: For foreign trusts, if the grantor is deceased please also provide the beneficiary information in the Beneficiaries Section. For domestic, non-statutory trusts held in brokerage accounts, only name, state, and country of domicile are required.

Grantor 1			
Name			
Entity Name (if applicable)			
Social Security Number/Employer Identification Number (EIN)		Grantor Type ☐ Person ☐ Entity	
Date of Birth		Date of Death	
Email Address			
Home Phone	Business Phone	Mobile Phone	
Legal Address (no P.O. box)			
City		State/Province	Zip/Postal Code
Country			
Mailing Address (if different from legal address)			
City		State/Province	Zip/Postal code
Country			
Previous Physical Address (if current address less than two years old)			
City		State/Province	Zip/Postal code
Country			

Citizenship

Proof of address is required for each Non-U.S. person and or U.S. citizens living abroad. Examples include: driver's license, utility bill dated within six months, or property tax bill.

Please check only one:

☐ U.S. Citizen ☐ U.S. Resident Alien ☐ Non-Resident Alien (please provide a valid government ID)

Primary Citizenship	Additional Citizenship

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Employment Status and Industry Affiliations

If employed/ self-employed is indicated, please complete all employment fields.

☐ Employed ☐ Self-Employed ☐ Retired ☐ Unemployed ☐ Homemaker ☐ Student

Occupation	Years Employed (required if self-employed)	If self-employed, start date (MM/YYYY)
Employer Name	Type of Business	
Employer's Address		
City	State/Province	Zip/Postal Code
Country		

Grantor 2

Name		
Entity Name (if applicable)		
Social Security Number/Employer Identification Number (EIN)	Grantor Type ☐ Person ☐ Entity	
Date of Birth	Date of Death	
Email Address		
Home Phone / Business Phone	Mobile Phone	
Legal Address (no P.O. box)		
City	State/Province	Zip/Postal Code
Country		
Mailing Address (if different from legal address)		
City	State/Province	Zip/Postal code
Country		
Previous Physical Address (if current address less than two years old)		
City	State/Province	Zip/Postal code
Country		

Citizenship

Proof of address is required for each Non-U.S. person and or U.S. citizens living abroad. Examples include: driver's license, utility bill dated within six months, or property tax bill.

Please check only one:

☐ U.S. Citizen ☐ U.S. Resident Alien ☐ Non-Resident Alien (please provide a valid government ID)

Primary Citizenship	Additional Citizenship

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Employment Status and Industry Affiliations

If employed/ self-employed is indicated, please complete all employment fields.

☐ Employed ☐ Self-Employed ☐ Retired ☐ Unemployed ☐ Homemaker ☐ Student

Occupation	Years Employed (required if self-employed)	If self-employed, start date (MM/YYYY)
Employer Name	Type of Business	
Employer's Address		
City	State/Province	Zip/Postal Code
Country		

STEP 6. BENEFICIARIES (BANK CUSTODY AND FOREIGN TRUSTS ONLY)

For bank custody accounts, please provide beneficiary information if selecting 1041 in the Tax Package Preferences section on the Agreement or if you will be utilizing the paid for feature on trust disbursements. For additional beneficiaries, submit additional copies of the Beneficiaries section of this form containing all required information. For foreign trusts, if the grantor is deceased please provide the beneficiary information below.

Beneficiary 1

Name			
Entity Name (if applicable)		Date of Birth	
Social Security Number/Employer Identification Number (EIN)		☐ Person ☐ Entity	
Email Address			
Home Phone	Business Phone	Mobile Phone	
Legal Address (no P.O. box)			
City		State/Province	Zip/Postal Code
Country			
Mailing Address (if different from legal address)			
City		State/Province	Zip/Postal Code
Country			

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Beneficiary 2			
Name			
Entity Name (if applicable)		Date of Birth	
Social Security Number/Employer Identification Number (EIN)		☐ Person ☐ Entity	
Email Address			
Home Phone	Business Phone	Mobile Phone	
Legal Address (no P.O. box)			
City		State/Province	Zip/Postal Code
Country			
Mailing Address (if different from legal address)			
City		State/Province	Zip/Postal Code
Country			

STEP 7. TRUSTEE INDEMNIFICATION AND SIGNATURES

Subject to the provisions of this Trustee Certification of Investment Powers, as trustee(s) jointly and severally, you indemnify Advisor Solutions and each of its affiliates, officers, directors, employees, agents, successors or assigns, and hold them harmless from any liability (including attorney's fees), as well as from any claims, judgments, respective 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 under instructions given by any of the trustees or successor trustees listed above, or any actual improper or unsuitable action resulting from instructions given to Advisor Solutions by any of the trustees. You make this indemnification both in your capacities as trustee(s) and as individuals.

You certify that the trust is currently in existence, and that it has not been revoked, modified or amended in any manner that would cause these certifications to be incorrect. You agree to inform Advisor Solutions immediately in writing of any amendment to the trust, any change in the composition of the trustees, or any other event that could alter the certifications made above. You acknowledge Advisor Solutions' right to examine the trust agreement, and agree to provide Advisor Solutions with a copy of the trust agreement along with any amendments thereto (if any), and/or relevant excerpts of either such trust agreement or Will if requested to do so by Advisor Solutions.

Please check only one of the following check boxes if applicable. If a box is not checked, all trustees must act in concert and give all instructions jointly.

☐ **The trustee(s) explicitly authorize(s) each of the following trustees to act individually without the approval of the other trustees. Advisor Solutions has the authority to accept orders and other instructions about the trust account from any one of these trustees, acting alone, and any one of them may execute any documents on behalf of the trust that Advisor Solutions may require.**

Corporate trustee(s) only:

☐ **The trustee(s) explicitly authorize(s) only the corporate trustee to act independently without the approval of the other trustees. Advisor Solutions has the authority to accept orders and other instructions about the trust account from the corporate trustee, acting alone, and it may execute any documents on behalf of the trust that Advisor Solutions may require.**

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By signing this form, you acknowledge there are no other trustees of the trust other than the undersigned, and that, if another trustee completed the responses in the Trust Information and Powers of the Trustee sections of this certification, you have reviewed those responses and affirm their accuracy. Electronic signatures have the same legal effect, validity or enforceability as manually executed signatures or physical delivery thereof, to the extent and as provided for in any applicable law.

To help the government fight the funding of terrorism and money laundering activities, federal laws require financial institutions to obtain, verify, and record information that identifies beneficial owners and/or control persons for legal entities that open an account. I hereby certify, as an authorized individual on this account, that the information provided on this form is complete and correct to the best of my knowledge.

Trustee Name	Date
Signature X	

Trustee Name	Date
Signature X	

Trustee Name	Date
Signature X	

Trustee Name	Date
Signature X	

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