

Use this form to certify a trust.

As allowed by the laws of the state that apply to the trust named below, the trustee(s) hereby supply:

- (a) this certification in lieu of providing the complete trust document, and
- (b) a trust excerpt showing the Trust's name, Trustees' signatures, and any excerpts from the original trust and later amendments that designate the trustee(s), successor trustee(s), or an Attorney-in-Fact.

Name of Trust

Date of Trust Executed

State Where Established

Taxpayer Identification Number

Name(s) of settler(s) or grantor(s) of Trust

If applicable, please indicate your reference number

Please list the account number(s):

Account number

Account number

Account number

Account number

Name of 1st Trustee

Phone Number

Cell Phone Number

Residential Address (including city, state and zip code)

Name of 2nd Trustee

Phone Number

Cell Phone Number

Residential Address (including city, state and zip code)

Name of 3rd Trustee

Phone Number

Cell Phone Number

Residential Address (including city, state and zip code)

Name of 4th Trustee

Phone Number

Cell Phone Number

Residential Address (including city, state and zip code)

Powers of the trustees permit them to sell, convey, pledge, or transfer title to any interest in real or personal property, except as limited by the following (list limitations or indicate "none"): _____

Property passing into the Trust shall be titled in the following manner: _____

The Trust is (check one):

☐ Revocable

☐ Irrevocable

If revocable, the following person has the authority to revoke the Trust: _____

Signature Authority (check one option):

- ☐ Trust has a single trustee ☐ One of two trustees may act
☐ Instructions from all trustees are required ☐ A specified number (_____) of trustees may act

Trust Copy: Attach a copy of the trust excerpt showing the Trust's name, Trustees' signatures, and any excerpts from the original trust and later amendments that designate the trustee(s), successor trustee(s), or an Attorney-in-Fact.

Signature Section

The undersigned trustee(s) affirm that the above information is true and accurate under penalty of perjury, that this certification complies with applicable state laws, and that the trust agreement is in full force and effect and has not been revoked, modified, or amended in any manner which would cause the representations contained in this certification of trust to be incorrect.

As required by state law, this certification is made by (check option that applies):

- ☐ **Sole trustee or any currently acting trustee** (AL, AR, AZ, DE, DC, FL, KS, ME, MI, MO, NC, NH, NM, ND, OH, OR, PA, SC, TN, UT, VA, WY) ☐ **All of the currently acting trustees** (CA, GA, IA, MN, NE, NV, SD, VT)

Trust Signature	Date
Trust Signature	Date
Trust Signature	Date
Trust Signature	Date

FOR NOTARY PUBLIC USE ONLY:

Sworn to (or affirmed) before me this _____ day of _____, 20____

(Notary Signature)

My commission expires _____ (Affix seal)

FOR NOTARY PUBLIC USE ONLY:

Sworn to (or affirmed) before me this _____ day of _____, 20____

(Notary Signature)

My commission expires _____ (Affix seal)

FOR NOTARY PUBLIC USE ONLY:

Sworn to (or affirmed) before me this _____ day of _____, 20____

(Notary Signature)

My commission expires _____ (Affix seal)

FOR NOTARY PUBLIC USE ONLY:

Sworn to (or affirmed) before me this _____ day of _____, 20____

(Notary Signature)

My commission expires _____ (Affix seal)

MAILING INSTRUCTIONS

Mail this form to:
BNY Shareholder Services
P.O. Box 534434
Pittsburgh, PA 15253-4434

For registered, certified or overnight mail, please send to:
BNY Shareholder Services
Attention: 534434
500 Ross Street, 154-0520
Pittsburgh, PA 15262

For assistance: 1-800-373-9387