

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> |
|--|--|

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, date of birth, day/evening phone, e-mail, marital status, dependents.

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

Address lines 1-2, city, state/province, zip/postal code, country.

Country of citizenship, social security/taxpayer ID, country of tax residence, type of government-issued ID, ID number, state/country of ID issuance, ID issuance/expiration date.

Mailing Address: Same as Legal Address of This Account Holder

Mailing address lines 1-2, 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, employer name, address lines 1-2, city, state/province, zip, country.

Check this box if you are a control person or affiliate or an immediate family/household member...

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)...

Affiliated entity name, address lines 1-2, 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. Authority to accept orders... C. No other trustee... D. Sole trustee... E. Power under the Trust... F. Indemnify... G. Inform of changes... H. Verification... I. Agreement with NFS... J. Power of Attorney...

