

Complete the Trust Certification of Trustee Powers, in addition to an Account Application, and submit it with the First Page and the Signature Page of the Trust Document to establish an account for a Trust with ETC Brokerage Services.

<b>1. TRUST INFORMATION</b>		
Name of Trust:		
Type of Trust: <input type="checkbox"/> Revocable Living Trust <input type="checkbox"/> Irrevocable Trust <input type="checkbox"/> Testamentary Trust		
<input type="checkbox"/> Other _____		
Grantor's Name:		Grantor's Social Security Number:
Name of Trustee:		Name of Trustee:
Name of Trustee:		Name of Trustee:
Successor Trustee:		Successor Trustee:
Successor Trustee:		Successor Trustee:
Tax Payer ID:	Formation Date of Trust:	Amendment Date of Trust (if applicable):
Designated Representative's Name:		<b>FOR INTERNAL USE</b> ACCOUNT NUMBER:

If you have an Entity Trustee listed above, you must complete section 2.

**2. ENTITY TRUSTEE (if applicable)**

If you are appointing an Entity Trustee, you must provide information below for the Entity and its Entity Agent(s).

ENTITY NAME (if your Trustee is not an individual)

LEGAL STREET ADDRESS (no P.O. boxes)

CITY	STATE	COUNTRY	ZIP CODE
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MAILING ADDRESS (if different from above; P.O. boxes may be used.)

COUNTRY OF INCORPORATION/ESTABLISHMENT	STATE OF INCORPORATION/JURISDICTION OF INCORPORATION/ESTABLISHMENT
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U.S. ENTITY TAX ID NUMBER (if applicable)	BUSINESS TELEPHONE NUMBER	STATE OR FEDERAL REGULATOR (if applicable)
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Check here if this entity will be the Primary Trustee on this account. ETC Brokerage will use the Primary Trustee address as the address for the account.

**Required Information About Entity Agents**

- Please complete this section for each individual who is authorized by the Entity Trustee to transact business with ETC Brokerage.
- If there is more than one individual who is authorized by the Entity Trustee to transact business with ETC Brokerage please make, complete, and attach additional copies of this section.
- ETC Brokerage will have no obligation of inquiry with respect to the validity of, or authority with respect to, any transaction or instruction provided by an Authorized Individual.

**Entity Agent**

**Title or Capacity of Individual (Please select all that apply.)**

President    Director    Vice President    CFO    Treasurer    Secretary    Other: \_\_\_\_\_

FIRST NAME	MIDDLE NAME	LAST NAME	
HOME STREET ADDRESS (No P.O. boxes, please.)		COUNTRY OF CITIZENSHIP <input type="checkbox"/> USA <input type="checkbox"/> OTHER _____	
CITY	STATE OR PROVINCE	COUNTRY	ZIP CODE
HOME PHONE	WORK PHONE (include extension)	MOBILE PHONE	
SOCIAL SECURITY/TAX ID NUMBER	DATE OF BIRTH (mm/dd/yyyy)		
<b>Entity Agent:</b> <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID <input type="checkbox"/> Other Government-issued ID			
PLACE/COUNTRY OF ISSUANCE	ID NUMBER	ISSUE DATE (MM/YYYY)	EXPIRATION DATE (MM/YYYY)
IF YOU HAVE BEEN AT YOUR CURRENT ADDRESS FOR LESS THAN SIX MONTHS, PLEASE PROVIDE YOUR PREVIOUS ADDRESS:			
ADDRESS	CITY	STATE	ZIP CODE

**AFFILIATION INFORMATION:**

1. Are you, or your spouse, or any member of your immediate families living in the same household, including parents, in-laws, siblings, and dependents licensed, employed by, or associated with a broker-dealer firm, FINRA or a financial services regulator, securities exchange, or member of a securities exchange. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter (with this application)

Yes     No    If yes, please specify below:

2. Are you, or your spouse, or any member of your immediate families living in the same household, including parents, in-laws, siblings, and dependents a member of the board of directors, 10% shareholder, or policy-making officer of a publicly traded company.

Yes     No    Specify the company name, ticker symbol, address, city, and state:

3. Are you, your spouse, a close associate, or any member of your immediate family a current or former politically exposed person or public official (including but not limited to U.S. & foreign individuals who serve/d in a governmental role, high ranking officer in the armed forces or financial institution, etc.)

Yes     No    If yes, please provide that Person's name and relevant organization:

### 3. TRUSTEE POWERS

The Trustee(s) authorizes ETC Brokerage Services ("ETC Brokerage") to open and maintain account(s) for this trust and to accept instructions relating to the trust account from the Trustee(s). The Trustee(s) represents, warrants and certifies that he/she has full authority under the terms of the trust to buy, sell, exchange, convert, tender, redeem and withdraw assets, including the delivery of assets to and from the trust account and to third parties.

**For Multiple Trustees:** The Trustee(s) certify that (1) the trust explicitly authorizes each of the Trustees to act individually without the consent of the other Trustees; or (2) the Trustees have consented to each Trustee acting individually and without consent of the other Trustees and that such delegation of authority is expressly authorized by the trust. The Trustees agree that any notice sent to one Trustee will constitute as a notice to all Trustees. ETC Brokerage may require, at its sole discretion, a written approval of all Trustees before executing any instructions.

The Trustee(s) certifies that there is no other current Trustee(s) of the trust other than the undersigned. If only one Trustee's signature is represented, then the signer is the sole acting Trustee. The Trustee(s) certifies that the trust is valid, and in full force, has not been revoked, modified, or amended since the date of this certification.

**In addition to the foregoing powers, the undersigned Trustee(s) are specifically authorized to: (choose only applicable investment powers)**

- Delegate investment discretion or retain investment services of an outside professional such as RIA, Money Manager, or Accountant.
- Delegate limited or full trading authority to an appointed agent.
- Authorize distributions to ourselves, the beneficiaries, and other third parties as we may direct from the Trust.

### 4. TRUSTEE SIGNATURES (Please read and sign below)

I, the undersigned Trustee(s), agree to indemnify and hold harmless ETC Brokerage from any and all claims, lawsuits, arbitrations, losses, costs and expenses (including attorneys' fees) arising out of or related to any instructions given to ETC Brokerage by me. This indemnification is made in my capacity as Trustees and in my individual capacity. I agree to inform ETC Brokerage 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. The undersigned Trustee(s) acknowledges that ETC Brokerage will not review nor interpret the Trust Document and that ETC Brokerage relies solely on the information provided in this Trustee Certification Form to open this trust account. I acknowledge ETC Brokerage's right to examine the Trust Agreement and agree to provide a copy of the Trust Agreement if requested.

**Trustees (ALL active trustees must complete):**

- unless checked, there are no trustees of the trust other than the undersigned

PRINT TRUSTEE(S) NAME	TRUSTEE(S) SIGNATURE	DATE:
PRINT TRUSTEE(S) NAME	TRUSTEE(S) SIGNATURE	DATE:
PRINT TRUSTEE(S) NAME	TRUSTEE(S) SIGNATURE	DATE:
PRINT TRUSTEE(S) NAME	TRUSTEE(S) SIGNATURE	DATE: