



WHEN TO USE THIS FORM

When you need to add or remove Trustee(s) on an existing account.

CONTACT INFORMATION

Please contact a Client Service Representative for assistance, if necessary. Our service team can be reached at 1-877-819-8918, Monday through Friday, from 7:00 a.m. to 5:00 p.m., Mountain Time.

SUBMISSION OPTIONS

BY FAX:
(440) 365-1447

REGULAR MAIL:
ETC Brokerage Services
P. O. Box 451249
Westlake, OH 44145

OVERNIGHT MAIL:
ETC Brokerage Services
1 Equity Way
Westlake, OH 44145

BY E-MAIL:
ETCbrokerage@ETCBrokerage.com

INSTRUCTIONS & GUIDELINES

When completing the Trustee Change Form, please follow these guidelines:

- If you are changing your name or updating a social security number, ETC Brokerage Services will require a copy of the legal document supporting the change.
- Provide the page(s) of the Trust that names the successor Trustee or otherwise validates the successor Trustee.
- Trustee Removal – Additional documentation is required based on the type of removal
 - Due to Resignation
 1. Notarized signature of resigning Trustee in Section 6; or
 2. Notarized LOA from resigning Trustee
 - Due to Incapacity
 1. Provide the Trust pages stating the requirements of incapacity or the referral to state law if the Trust is silent; or
 2. Provide documentation sufficient under the terms of the Trust to attest to the incapacity of the Trustee, or documentation the state of law if the Trust is not specific
- Testamentary Trusts – Provide one of the following:
 - New court order appointing successor Trustee;
 - Copy of the original decree of final distribution (a certified copy of the will identifying the Successor Trustee if the original decree of the final distribution does not include the trust provisions for the testamentary trust that identifies the successor Trustee, or
 - Certified copy of the will identifying the successor Trustee

DO NOT FAX OR MAIL THIS COVER PAGE

INVESTMENT PRODUCTS: NOT FDIC INSURED - NO BANK GUARANTEE - MAY LOSE VALUE

1 ACCOUNT INFORMATION

Your current name, as titled on your Account, and account number(s) are required so we can properly identify your account(s):

NAME OF TRUST

ACCOUNT NUMBER(S)

2 NEW TRUSTEE INFORMATION
IMPORTANT INFORMATION ABOUT PROCEDURES FOR ADDING NEW TRUSTEE(S) TO AN ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who has authorization on an account.

What this means for you: We will ask for your name, address, date of birth and other information that will allow us to identify you. We may ask for a copy of your driver's license or other identifying documents. We may also utilize a third-party information provider for verification purposes.

**All Trustees being added must provide this information.

PRIMARY TRUSTEE

FIRST NAME

MIDDLE NAME

LAST NAME

SOCIAL SECURITY NUMBER/TAX ID NUMBER*

DATE OF BIRTH (MM/DD/YYYY)

EMAIL ADDRESS

PRIMARY PHONE NUMBER

Physical Address (No P. O. Boxes)
 My Physical Address and Mailing Address are the same

STREET ADDRESS

COUNTRY OF CITIZENSHIP

 USA OTHER _____

CITY

STATE

ZIP CODE

PRIMARY PHONE NUMBER

SECONDARY PHONE NUMBER

Mailing Address (If different from Physical Address)

STREET ADDRESS

CITY

STATE

ZIP CODE

MARITAL STATUS

SINGLE

MARRIED

DIVORCED

WIDOWED

Primary Trustee:

Driver's License

Passport

State ID

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

EMPLOYMENT INFORMATION:

Employed

Unemployed

Retired

Other _____

If Employed, complete the following information:

OCCUPATION

EMPLOYER NAME

ADDRESS

CITY

STATE

ZIP CODE

If Unemployed/Retired, complete the following information:

SOURCE OF INCOME

AFFILIATION INFORMATION:

- 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 form)
 Yes No If yes, please specify below:
- 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 (or similar governing body), 10% shareholder, or policy-making officer of a publicly traded company.
 Yes No Specify the company name, ticker symbol, address, city, and state:
- 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, relevant organization and years of service:

CO-TRUSTEE

FIRST NAME		MIDDLE NAME		LAST NAME	
SOCIAL SECURITY NUMBER/TAX ID NUMBER*		DATE OF BIRTH (MM/DD/YYYY)		EMAIL ADDRESS	
				PRIMARY PHONE NUMBER	
Physical Address (No P. O. Boxes)			<input type="checkbox"/> My Physical Address and Mailing Address are the same		
STREET ADDRESS				COUNTRY OF CITIZENSHIP	
				<input type="checkbox"/> USA <input type="checkbox"/> OTHER _____	
CITY				STATE	ZIP CODE
PRIMARY PHONE NUMBER			SECONDARY PHONE NUMBER		
Mailing Address (If different from Physical Address)					
STREET ADDRESS					
CITY				STATE	ZIP CODE
MARITAL STATUS					
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED					
Co-Trustee:					
<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

EMPLOYMENT INFORMATION:		
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Other _____		
If Employed, complete the following information:		OCCUPATION
EMPLOYER NAME	ADDRESS	
CITY	STATE	ZIP CODE
If Unemployed/Retired, complete the following information:		SOURCE OF INCOME

AFFILIATION INFORMATION:

- 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 form)

Yes No If yes, please specify below:
- 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 (or similar governing body), 10% shareholder, or policy-making officer of a publicly traded company.

Yes No Specify the company name, ticker symbol, address, city, and state:
- 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, relevant organization and years of service:

3. TRUSTED CONTACT PERSON

By choosing to provide information about a trusted contact person, you authorize us to contact the trusted contact person listed below and disclose information about your account to that person in the following circumstances: to address possible financial exploitation, to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by FINRA Rule 2165 (Financial Exploitation of Specified Adults). No instructions from a trusted contact person will be accepted to effect transactions and/or change information related to the account.

FIRST NAME	MIDDLE INITIAL	LAST NAME	RELATIONSHIP	
ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE	WORK PHONE	EMAIL ADDRESS	
<input type="checkbox"/> None				

4. NEW ENTITY TRUSTEE (if applicable)

If you are appointing a new Entity Trustee or changing the Entity Agent(s) for a continuing Entity Trustee, you must provide information below for the Entity and its Entity Agent(s).

ENTITY NAME (Please supply if your Trustee is not an individual)			
LEGAL STREET ADDRESS (no P.O. boxes, please.)			
CITY	STATE OR PROVINCE	COUNTRY	ZIP CODE
MAILING ADDRESS (If different from above; P.O. boxes may be used.)			
COUNTRY OF INCORPORATION/ESTABLISHMENT		STATE OF INCORPORATION/JURISDICTION OF INCORPORATION/ESTABLISHMENT	
U.S. ENTITY TAX ID NUMBER (if applicable)	BUSINESS TELEPHONE NUMBER	STATE OR FEDERAL REGULATOR (if applicable)	
<input type="checkbox"/> Check here if this entity will be the Primary Trustee on this account. ETC Brokerage Services will use the Primary Trustee address as the address for the account.			
Required Information About Entity Agents			
<ul style="list-style-type: none"> • Please complete this section for each individual who is authorized by the Entity Trustee to transact business with ETC Brokerage Services. • If there is more than one individual who is authorized by the Entity Trustee to transact business with ETC Brokerage Services please make, complete, and attach additional copies of this section. • ETC Brokerage Services 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.)			
<input type="checkbox"/> President <input type="checkbox"/> Director <input type="checkbox"/> Vice President <input type="checkbox"/> CFO <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> 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)		
Entity Agent: <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 form)

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 (or similar governing body), 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, relevant organization and years of service:

5. TRUSTEE(S) TO BE REMOVED

Note: Additional documentation is required if an Individual Trustee is being removed because of death or incapacity.

The following are to be removed as Trustees:

Name of Trustee:

Reason for Change:

- Death of individual Trustee (Provide a certified copy of death certificate with this form.)
- Incapacity of individual Trustee (Provide the Trust pages stating the requirements of incapacity and documentation sufficient under the terms of the Trust to attest to the incapacity of the Trustee.)
- Resignation of Trustee (Resigning Trustee must include notarized signature below.)

Name of Co-Trustee:

Reason for Change:

- Death of individual Trustee (Provide a certified copy of death certificate with this form.)
- Incapacity of individual Trustee (Provide the Trust pages stating the requirements of incapacity and documentation sufficient under the terms of the Trust to attest to the incapacity of the Trustee.)
- Resignation of Trustee (Resigning Trustee must include notarized signature below.)

6. TRUSTEE REMOVAL CERTIFICATION AND SIGNATURE(S)

Please sign below in blue or black ink only. Resigning Trustee(s) signature(s) must be notarized.

Each of the individuals signing below hereby certifies that they have resigned as a Trustee of the Trust named in Section 1

SIGNATURE: REMOVED TRUSTEE	PRINT NAME	DATE
SIGNATURE: REMOVED CO-TRUSTEE	PRINT NAME	DATE

Certificate of Acknowledgment of Notary Public*

_____ , _____ , _____
State of _____ **in the County of** _____ **On (mm/dd/yyyy)**

the above-named individual(s) personally appeared before me and proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY that the foregoing paragraph is true and correct.

X _____
Signature: Notary _____ **Today's Date (mm/dd/yyyy)**

_____ **My Commission Expires (mm/dd/yyyy)**

Print Notary Name

(NOTARY SEAL)

*If your state law permits, notaries may attach the appropriate notarizing declaration in lieu of this notarization.

7. TRUSTEE REMOVAL CERTIFICATION AND SIGNATURE(S)

Each Trustee must sign in both Sections. If there are more than four current Trustees associated with this account, please make a photocopy of this page, complete in full, and attach to the entire completed form.

The following are the current Trustees in accordance with the terms of the Trust:*

Name of Primary Trustee

Type of Change:

Continuing Trustee New Trustee

Name of Co-Trustee

Type of Change:

Continuing Trustee New Trustee

Name of Co-Trustee

Type of Change:

Continuing Trustee New Trustee

Name of Co-Trustee

Type of Change:

Continuing Trustee New Trustee

ETC Brokerage Services will use the address of the Primary Trustee listed here as the account address.

8. TRUSTEE CERTIFICATIONS

The Trustee(s) authorizes ETC Brokerage Services to 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/they has/have 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.

9 SIGN and DATE

PLEASE READ BEFORE SIGNING:
*I, the undersigned Trustee(s), agree to indemnify, defend and hold harmless ETC Brokerage Services ("ETC Brokerage"), its affiliates and its and their directors, officers, members and employees 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/us. This indemnification is made in my capacity as Trustee 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.
 We (Trustees) authorize ETC Brokerage Services to update its records regarding the Trust's Account in accordance with the instructions set forth above.*

TRUSTEE'S SIGNATURE	DATE	CO-TRUSTEE'S SIGNATURE (If applicable)	DATE
PRINT NAME		PRINT NAME	