



# CORPORATE RESOLUTION

## Secretary's Certificate Regarding Corporate Resolution (Profit or Nonprofit)

### Account Information

Official Full Name of Corporation

Line of Business

Taxpayer ID Number

#### Account Legal Address

(Required Information - NO P.O. Boxes)

Account information will be mailed to the legal address (or mailing address if different) listed below.

Address

City, State, Zip

Province (if applicable)

Country

#### Account Mailing Address

(If different than legal address)

Address

City, State, Zip

Province (if applicable)

Country

#### Government ID

Foreign Entities Only (please attach a copy)

Type of Document

Country of Issuance

Government Issued Identification Number

HR Trader Account Number: \_\_\_\_\_ - \_\_\_\_



I hereby certify that I am the Secretary of (Corporation) \_\_\_\_\_,  
 a corporation duly organized and existing under the laws of the State (or Province) of \_\_\_\_\_ (the "Corporation"), and that the following is a true copy of a resolution duly adopted by the board of directors of the Corporation at a meeting held on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at which meeting a quorum was present and acting throughout, or by unanimous written consent of the board of directors as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, and that such resolution has not been rescinded or modified and is in full force and effect:

RESOLVED, that the President, Vice President and the Treasurer of this Corporation, or any one of such officers acting individually, are hereby fully authorized and empowered to **a)** open a brokerage account with HR Trader, **b)** transfer, endorse, sell, assign, set over and deliver any and all shares of stocks, bonds, debentures, notes, evidence of indebtedness or other securities (including short sales) now or hereafter standing in the name of or owned by this Corporation, **c)** purchase stocks, bonds, debentures, notes, evidences of indebtedness and other securities (on margin or otherwise), **d)** borrow money and draw upon credit lines of this Corporation to secure and margin trades, **e)** receive requests and demands for additional margin, notices of intention to sell or purchase, and other notices and demands of whatever character, **f)** receive, affirm and acquiesce in the correctness of notices, confirmations, statements of account and other records and documents, **g)** settle, compromise, adjust or release any and all claims, demands, disputes or controversies with HR Trader or any of its correspondent broker/dealers, and **h)** make, execute and deliver, under the corporate seal of this Corporation, any and all written instruments necessary or proper to effectuate the authority hereby conferred.

**Investments Permitted**

The undersigned agrees to the entering of purchases and sales of securities as well as all other transactions in the following type(s) of accounts (check all that apply):

- Cash    Margin   Options:    Writing Covered    Creating Spreads    Purchases Long    Writing Uncovered

**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 authorized to trade on an account.**

**I acknowledge that HR Trader will ask for the name, address, date of birth and other information of officers of the Corporation that will allow HR Trader to identify them. HR Trader may also utilize a third-party information provider for verification purposes and/or ask for a copy of the drivers license or other identifying documents of such officers.**

I further certify that: the authority hereby conferred is consistent with the charter and by-laws of the Corporation; I am a sole officer (unless indicated below); and the persons set forth below have been duly appointed or elected and are now legally holding the offices designated below.

I am the sole officer

**Please Sign and Date Below**

I further certify that the Corporation has the power to effect the transactions set forth above and to take all actions as recited in the resolution above and do all things which the authorized persons deem necessary or desirable in connection with the Corporation's account(s). HR Trader may rely upon this certification in establishing and maintaining accounts for the Corporation.

IN WITNESS WHEREOF, I have hereunto subscribed my name this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,

**X**  
 \_\_\_\_\_  
 Secretary's Signature (or sole officer)

\_\_\_\_\_  
 Print Name of Secretary (or sole officer)

(Corporate Seal)

**Authorized Individual Information**

_____	_____
Authorized Individual Name	Title
_____	_____
Date of Birth (MM/DD/YYYY)	Social Security Number or Taxpayer ID Number
_____	_____
U.S. Drivers License Number	State of Issuance
Countries of Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Other (Indicate Countries): _____	

**Mailing Address**  
(If different than legal address)

_____	_____
Address	City, State, Zip
_____	( ) - ( ) -
Province (if applicable)                      Country	Home Telephone                      Work Telephone

**Government ID**

Foreign Citizens Only (identification document must carry an identification number and photograph) Please attach a copy.

Immigration Status:  Permanent Resident  Non-Permanent Resident  Non-Resident

Place of Birth:

_____	_____
City, State/Province	Country
<input type="checkbox"/> U.S. Drivers License (Provided above) <input type="checkbox"/> NS Permanent Resident Alien Card <input type="checkbox"/> Passport with U.S. Visa <input type="checkbox"/> Passport without U.S. Visa	
<input type="checkbox"/> Foreign National Identity Document _____	
Document Number	Country of Issuance

**Employment Status**

Employed  Not-Employed  Retired

\_\_\_\_\_

Name of Employer

\_\_\_\_\_

Occupation (List source of income if retired or not employed)

\_\_\_\_\_

Employer's Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Province (if applicable), Country

### Additional Authorized Individual Information

Authorized Individual Name	Title
Date of Birth (MM/DD/YYYY)	Social Security Number or Taxpayer ID Number
U.S. Drivers License Number	State of Issuance
Countries of Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Other (Indicate Countries): _____	

#### Mailing Address (If different than legal address)

Address	City, State, Zip
Province (if applicable)                              Country	(____) _____ - _____      (____) _____ - _____ Home Telephone                              Work Telephone

#### Government ID

Foreign Citizens Only (identification document must carry an identification number and photograph) Please attach a copy.

Immigration Status:     Permanent Resident     Non-Permanent Resident     Non-Resident

Place of Birth:

City, State/Province	Country
<input type="checkbox"/> U.S. Drivers License (Provided above) <input type="checkbox"/> NS Permanent Resident Alien Card <input type="checkbox"/> Passport with U.S. Visa <input type="checkbox"/> Passport without U.S. Visa <input type="checkbox"/> Foreign National Identity Document	
Document Number	Country of Issuance

#### Employment Status

Employed     Not-Employed     Retired

	Name of Employer
Occupation (List source of income if retired or not employed)	Employer's Address
City, State, Zip	Province (if applicable), Country

**Additional Authorized Individual Information**

Authorized Individual Name _____	Title _____
Date of Birth (MM/DD/YYYY) _____	Social Security Number or Taxpayer ID Number _____
U.S. Drivers License Number _____	State of Issuance _____
Countries of Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Other (Indicate Countries): _____	

**Mailing Address**  
(If different than legal address)

Address _____	City, State, Zip _____
Province (if applicable) _____	Country _____
( ) _____ - _____	( ) _____ - _____
Home Telephone	Work Telephone

**Government ID**

Foreign Citizens Only (identification document must carry an identification number and photograph) Please attach a copy.

Immigration Status:  Permanent Resident  Non-Permanent Resident  Non-Resident

Place of Birth:

City, State/Province _____	Country _____
<input type="checkbox"/> U.S. Drivers License (Provided above) <input type="checkbox"/> NS Permanent Resident Alien Card <input type="checkbox"/> Passport with U.S. Visa <input type="checkbox"/> Passport without U.S. Visa	
<input type="checkbox"/> Foreign National Identity Document _____	
Document Number	Country of Issuance

**Employment Status**

Employed  Not-Employed  Retired

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Occupation (List source of income if retired or not employed)

\_\_\_\_\_  
Employer's Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Province (if applicable), Country