



TRUSTEE CERTIFICATION (TRUST UNDER AGREEMENT)

Account Information

Full Name of Trust

Date of Formation of the Trust (MM/DD/YYYY)

Date of the Last Amendment to the Trust (MM/DD/YYYY)

Trust is: Revocable and Amendable Irrevocable

Name(s) of the Successor Trustee(s) (if applicable)

State Law Governing Trust

Tax Identification Number for Trust

Grantor(s) of the Trust

The Beneficiaries of the Trust are:

Name of Beneficiary

Name of Beneficiary

Name of Beneficiary

Name of Beneficiary

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

Is this an Inter Vivos Trust (living trust) created and operative during the lifetime of the Grantor where the Grantor is also the Trustee?

- Yes.
- No. It is a Foreign Trust. If so, please provide HR Trader with a copy of the Trust Agreement and all Amendments.
- No. It is a Domestic (U.S.) Trust. If so, please provide HR Trader with a copy of the Title page, Trustee powers and Signature sections of the Trust Agreement.

HR Trader Account Number: _____ - _____



I/We, the undersigned trustee(s) of the Trust whose legal name is _____ (the "Trust"), hereby certify that the declaration or agreement of trust, investment policies and other governing documents of the Trust confer upon the person(s) (who may or may not be a trustee or trustees) whose names are set forth below, the powers, authority and/or delegations enumerated below and such persons are hereby fully authorized and empowered for the account and risk of the Trust 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 the Trust, **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 the Trust 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 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 and certifies that the Trust has the power and authority to enter into such transactions (check all that apply):

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

The trustee(s) shall notify HR Trader promptly in the event of any amendment to the Trust, change in the trustees or any other material event in the Trust.

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/We acknowledge that HR Trader will ask for the name, address, date of birth and other information of each person authorized to trade on this account 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 my/our drivers license(s) or other identifying documents.

Please Sign and Date Below

I/WE CERTIFY THAT THE TRUSTEE(S) HAS/HAVE THE POWER TO ACT IN THE MANNER CONTEMPLATED HEREIN AND THAT THE TRUSTEE(S) HAS/HAVE DETERMINED THAT TRADING SECURITIES IS PRUDENT IN LIGHT OF THE INVESTMENT POLICIES AND OBJECTIVES OF THE TRUST.

I/We confirm that any and all transactions previously undertaken on behalf of the Trust through HR Trader are ratified and approved and that HR Trader is authorized to act on the authority of the authorization in this certificate until it receives a written rescission or modification of this certificate executed by the trustee(s). To induce HR Trader to accept the Trust's account, the Trust shall indemnify, defend and hold harmless HR Trader and its successors and assigns against any and all losses, damages and expenses incurred in the event any of the statements, certifications or representations in this certificate are not true and correct.

X _____
Trustee's Signature

X _____
Co-Trustee's Signature

X _____
Co-Trustee's Signature

Print Trustee's Name

Print Co-Trustee's Name

Print Co-Trustee's Name

Date

Date

Date

(Signatures must be notarized)

Subscribed and sworn to me this ____ day
of _____, 20 ____

Subscribed and sworn to me this ____ day
of _____, 20 ____

Subscribed and sworn to me this ____ day
of _____, 20 ____

Notary Public

Notary Public

Notary Public

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: U.S. Other (Indicate Countries): _____

Mailing Address
(If different than legal address)

 Address

 City, State, Zip

 Province (if applicable)

 Country

 (____) _____ - _____
 Home Telephone

 (____) _____ - _____
 Work Telephone

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

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

If more than three authorized individuals, please print and complete additional pages as necessary.