



TRUSTEE CERTIFICATION (TRUST UNDER WILL)

Account Information

Full Name of Trust

Name of Decedent

Date of Death of Decedent (MM/DD/YYYY)

Date Trust Funded (MM/DD/YYYY)

State Law Governing Trust

Tax Identification Number for Trust

The Trustees of the Trust are:

Name of Trustee

Name of Trustee

Name of Trustee

Name of Trustee

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

The Beneficiaries of the Trust are:

Name of Beneficiary

Name of Beneficiary

Name of Beneficiary

Name of Beneficiary

Name of Guardian Ad Litem

Address of Guardian Ad Litem

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

HR Trader Account Number: _____ - ____



I/We, the undersigned trustee(s) of the Trust whose legal name is _____ (the "Trust"), hereby certify that the person(s) (who may or may not be a trustee or trustees) whose names are set forth below, acting: individually (without the consent of other trustees) jointly by majority, have the power, 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 (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/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 HR TRADER HAS BEEN FURNISHED WITH TRUE AND CORRECT COPIES OF THE WILL ESTABLISHING THE TRUST AND GRANTING THE TRUSTEE(S) THE POWER TO ACT IN THE MANNER CONTEMPLATED HEREIN, AND COURT APPOINTMENT OF THE TRUSTEE(S), 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 of any kind heretofore undertaken on behalf of the Trust by and through HR Trader be and they are hereby ratified and approved and that HR Trader is authorized to act upon the authority of this authorization until it receives a written rescission or modification of this instrument 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 herein 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



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: 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.