



# UNINCORPORATED ASSOCIATION RESOLUTION AND CERTIFICATE

## Account Information

Official Full Name of Entity

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

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



I hereby certify that I am the Secretary of \_\_\_\_\_, an unincorporated association duly organized and existing under the laws of the State of \_\_\_\_\_ (the "Association") and that the following is a true copy of a resolution duly adopted by the Association at a meeting held on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, at which meeting a quorum was present and acting throughout, and that such resolution has not been rescinded or modified and is in full force and effect: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 or \_\_\_\_\_ of the Association, 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 the Association, **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 Association 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 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 Association 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 Association, and that the persons set forth below have been duly appointed or elected and are now legally holding the offices designated below.

**Please Sign and Date Below**

I further certify that the Association 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 designated persons deem necessary or desirable in connection with the Association's account(s). HR Trader may rely upon this certification in establishing and maintaining accounts for the Association.

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

**X**

\_\_\_\_\_  
Secretary's Signature

\_\_\_\_\_  
Print Name of Secretary

**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

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



### 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 \_\_\_\_\_

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