

CERTIFICATION OF TRUST

(Deposit Account)
 (Probate Code 18100.5)

Name of trust is: (E.G., "Smith family living trust under declaration of trust") _____

_____ and is dated _____
 (THE "TRUST" OR "TRUST AGREEMENT").

THE TRUSTEE(S) NAMED BELOW ("TRUSTEE") OF THE TRUST, AND THE UNDERSIGNED AS AN INDIVIDUAL(S), CERTIFY AS FOLLOWS:

SECTION 1	1. SETTLOR(S)/TRUSTOR(S). The full name(s) of the settlor(s)/trustor(s) of the Trust is/are:	
	NAME	NAME
	NAME	NAME
SECTION 1	2. TRUSTEE(S). The full name(s) of the currently acting trustee(s) is/are:	
	NAME	NAME
	NAME	NAME
SECTION 1	3. SUCCESSOR TRUSTEE(S). As of today, the persons designated to become successor trustees are:	
	NAME	NAME
SECTION 2	4. BENEFICIARY(S). See attached Addendum on page 3.	
	5. NUMBER OF TRUSTEES <i>(one box must be checked)</i>	
	<input type="checkbox"/> I am the current and sole Trustee of the Trust, and the Trust is in full force and has not been revoked, modified or amended in any manner, which would cause the representations in this Certification to be incorrect.	
	<input type="checkbox"/> We are the current and all of the Co-Trustees of the Trust, and the Trust is in full force and has not been revoked, modified or amended in any manner, which would cause the representations in this Certification to be incorrect.	
	6. SIGNATURE AUTHORITY <i>(one box must be checked)</i>	
	<input type="checkbox"/> As sole Trustee, I have all necessary signature authority to bind the Trust and take the actions specified in Section 7 below.	
	<input type="checkbox"/> The Trust Agreement provides that the minimum number of Trustees required to sign to bind the Trust and take the actions specified in Section 7 below is Trustee(s).	
	7. REVOCABILITY <i>(one box must be checked)</i>	
	<input type="checkbox"/> Revocable. The Trust is a revocable trust. The power to revoke is held by the settlor(s)/trustor(s) named below. No settlor has died. Settlor/Trustor 1. _____ and 2. _____	
	<input type="checkbox"/> Irrevocable. The Trust is an irrevocable trust.	
8. AUTHORITY. <i>As Trustee, I/we have the authority and power to:</i>		
<input type="checkbox"/> Open and close deposit and investment accounts, including mutual funds, annuities, non-deposit investment products and other uninsured vehicles, on behalf of the Trust, deposit funds into, sign checks drawn upon, and withdraw funds from the accounts established for the Trust, all without limitation or the consent of any other person.		
<input type="checkbox"/> Open and close safe deposit box(es) on behalf of the Trust, enter into rental agreements for, deposit Trust property into, and withdraw Trust property from such safe deposit box(es) established for the Trust.		
9. CO-TRUSTEES		
If this Certification is signed by Co-Trustees, each Trustee certifies for himself or herself and not for the other(s). References to the singular include the plural.		
SECTION 3	10. TAX IDENTIFICATION NUMBER. The tax identification number of the trust is:	
	TAX ID NUMBER	
	11. TITLE. Title to Trust assets should be taken as follows:	
<i>(Example: "John Doe and Jane Doe, Trustees of the Doe Family Living Trust dated January 4, 1999")</i>		

SECTION 4

ATTACHMENTS. True and correct copies of the following pages of the Trust Agreement are attached:

First page Signature page Successor Trustee information page(s)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Where there are co-trustees, we are all of the co-trustees of the Trust.

Date: _____ **Trustee:** _____
(SIGNATURE)

TYPE OR PRINT NAME

Date: _____ **Trustee:** _____
(SIGNATURE)

TYPE OR PRINT NAME

-ALL SIGNATURES MUST BE NOTARIZED (PROB. CODE 18100.5(C))-

STATE OF CALIFORNIA)

) SS.

COUNTY OF _____)

On _____ before me, _____
DATE NAME AND TITLE OF OFFICER

personally appeared _____
NAME(S) OF SIGNER(S)

Who 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 under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

[SEAL]

SIGNATURE OF NOTARY

STATE OF CALIFORNIA)

) SS.

COUNTY OF _____)

On _____ before me, _____
DATE NAME AND TITLE OF OFFICER

personally appeared _____
NAME(S) OF SIGNER(S)

Who 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 under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

[SEAL]

SIGNATURE OF NOTARY

ADDENDUM TO THE CERTIFICATION OF TRUST

Name of Trust is: (e.g., "Smith Family Living Trust Under Declaration of Trust") _____
 _____ and is dated _____
 (THE "TRUST" OR "TRUST AGREEMENT")

SECTION 1	1. MEMBERSHIP. The member number the Trust belongs to is:
	MEMBER NUMBER _____
SECTION 1	2. All share(s) included in the Trust (excluding IRAs):
	ACCOUNT TYPES: S _ S _ S _ S _ S _ S _ S _ S _ S _ S _ S _ S _ S _ S _ S _ S _ S _ S _ S _ S _ S _ S _

SECTION 2	3. BENEFICIARY(S). The full name(s) of the beneficiary(s) of the Trust is/are (required for share insurance purposes):	
	NAME	SSN
	DOB	RELATIONSHIP
	NAME	SSN
	DOB	RELATIONSHIP
	NAME	SSN
	DOB	RELATIONSHIP
	NAME	SSN
	DOB	RELATIONSHIP
	NAME	SSN
	DOB	RELATIONSHIP

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Where there are co-trustees, we are all of the co-trustees of the Trust.

Date: _____ **Trustee:** _____
 (SIGNATURE)

 TYPE OR PRINT NAME

Date: _____ **Trustee:** _____
 (SIGNATURE)

 TYPE OR PRINT NAME