



ASSOCIATION OR NON-CORPORATE ORGANIZATION ACCOUNT CERTIFICATION

RESOLUTION

I _____, (Non-Trading Representative), hereby certify that I am duly elected, qualified and acting _____ of _____ (Title) (Association/Organization) located at _____ (Street) _____ (City) in the State of _____. I further certify that the following is a true and exact copy of a resolution duly adopted by the: Board of Directors Board of Trustees Other Governing Body: _____

of the above-named Association/Organization at a meeting duly held on the _____ day of _____, _____, at which a quorum was present and voting throughout, and that same has not been repealed or amended, and remains in full force and effect and does not conflict with the by-laws or rules of the above named Association/Organization.

X _____ Date
Signature of Non-Trading Representative

CERTIFICATE OF AUTHORITY

Be it Resolved: That any of the following person(s) listed below are authorized to enter into an Account Agreement and open a Brokerage Account in the name of the above named organization with Scottrade, Inc. This authority includes the authority to buy and sell securities and enter instructions for such transactions in the account; to assign and endorse for transfer certificates representing stock, bonds or other securities at any time registered in the name of the Association/Organization; to withdraw any and all monies, securities or other property in said account; and to give any other necessary or appropriate instructions with respect to said account.

That _____ (Association/Organization) agrees that Scottrade, Inc. be indemnified and held harmless for any loss, damage, cost or claim that may arise from any authorized or unauthorized use of the assets of the Association/Organization in connection with holdings in the said account.

All Trading Representatives Must Sign Below

Print Name Title Social Security Number

X _____
Signature Date

Print Name Title Social Security Number

X _____
Signature Date

Print Name Title Social Security Number

X _____
Signature Date

Print Name Title Social Security Number

X _____
Signature Date



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