



BANK TRUST ACCOUNT CERTIFICATION

TRUST ACCOUNT INFORMATION			
Title of Trust:			
Grantor/Trustor Social Security Number		Original Effective Date of the Trust:	
Name of Trustee(s):			
Name of Successor Trustee(s):			
If Revocable, by whom is Trust Revocable or Amendable?			Date of Amendment or Restatement (if any)
GRANTOR/TRUSTOR INFORMATION			
Name			
Social Security Number		Date of Birth	
Street Address	City	State	ZIP plus 4
ADDITIONAL GRANTOR/TRUSTOR INFORMATION (If Applicable)			
Name			
Social Security Number		Date of Birth	
Street Address	City	State	ZIP plus 4

As Trustee(s) of the above trust, and in connection with my account application to open and maintain an account with Scottrade Bank, I certify the above to be true, and hereby represent and warrant that:

- The undersigned are all present Trustees of the Trust.
- Scottrade Bank at its sole discretion may (a) request a partial or full copy of the trust and amendments for clarification of the grantor(s) intent with regard to the Trust (b) require the written consent of any or all Trustees prior to acting upon instructions of any Trustee.
- In consideration of Scottrade Bank opening and maintaining an account for the Trust, executing transactions in such account, and providing such services as Scottrade Bank shall provide from time to time, the Trustee(s) hereby agree:
 - That Scottrade Bank is authorized to follow the instructions of any Trustee authorized to execute a transaction or issue any other instruction with respect to the Trust, and to deliver funds in this account to any such Trustee or on any such Trustee's instructions, on the presumption that either (a) the Trust Agreement expressly provides that each Trustee is authorized to act individually, independently and without the consent of the other Trustee(s) for all purposes related to the Trust bank account, or (b) if the Trust Agreement does not contain such an express provision, the Trustee so acting has obtained the requisite consent of the other Trustees in accordance with the requirements of the Trust Agreement.
 - That Scottrade Bank shall be informed in writing at its corporate headquarters of any change, restatement, or amendment to the Trust Agreement which would change any representation, warranty or certification contained herein, including the list of present Trustees, and that until such written notice shall have been received Scottrade Bank may rely on such representations, warranties, and certifications.
- Scottrade Bank is authorized to follow such actions and instructions of the Trustee(s), with respect to the following powers authorized by the Trust Agreement:
 - Open and maintain an account in the name of the Trust and enter into and execute agreements and do all things which are necessary to open and maintain such account with Scottrade Bank;
 - Receive notices, confirmations, account statements and communications of any kind relating to the operation of or funds in the account;
 - Direct that the funds be transferred to another account for or transferred into the name of the Trust or any third party, including an account for or in the name of the Trustee, and to direct that funds be distributed from the Account to the Trust or any third party, including any Trustee, or an account for any of them;
 - Otherwise to manage or exercise control over the account or the funds thereof.

I agree to indemnify and hold Scottrade Bank, its officers, directors, employees, agents, and assigns, harmless from any loss, damage, or claim arising as a result of Scottrade Bank's reliance on the information provided in this document, and from acting upon instructions believed by Scottrade Bank to have originated with the Trustee(s). I agree to abide by the Scottrade Bank Account Agreement.

ALL TRUSTEES MUST SIGN

X
Trustee Signature _____ Date _____

X
Trustee Signature _____ Date _____



BA9302/10-13

THIS FORM IS NOT A TRUST AGREEMENT