

# Trustee Certification of Investment Powers



Account Number (Client to Complete-Required)

Sub Firm #	Doc Code	Account Number
205	WTTCIP	
(Office Use Only)		

Update  
 Yes  
 No

## Trust Information

In consideration of Wells Fargo Clearing Services, LLC ("you") opening and/or maintaining one or more accounts (each, an "Account") for the trust named below, the undersigned trustee(s) hereby certify, swear under penalty of perjury, and acknowledge that the following information is accurate and complete:

- Title of trust: \_\_\_\_\_  
 \_\_\_\_\_  
*Example: The John Brown Revocable Living Trust, Mary Jones and Sam Smith, Trustees*
- The trust is in full force and effect, and the date of the trust or will (if testamentary trust) is: \_\_\_\_\_
- The date(s) of any amendment(s) to the trust is: \_\_\_\_\_
- The name(s) of the **first** successor trustee or co-trustees (**if multiple trustees are listed, co-trusteeship is presumed**):  
 \_\_\_\_\_  
 \_\_\_\_\_
- The grantor(s), settlor(s), or testator who established the trust is/are:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- The trust is: (CHECK ONE)  Irrevocable  
 Revocable and the **name** of person holding the power to revoke the trust is: \_\_\_\_\_
- The trust's U.S. taxpayer identification number \_\_\_\_\_
- The trust is governed by the law of the state, or other jurisdiction of: \_\_\_\_\_

## Specific Investments Powers

9. We have the power under the trust and applicable law to enter into transactions, both purchases and sales, of the types specified below. (**Indicate types of investments which are permitted, including the specific level of option activity permitted, if applicable.**)

### Transactions

- A. Corporate Stocks
- B. Corporate Bonds
- C. Municipal Securities
- D. U.S. Agency Securities
- E. U.S. Government Securities
- F. Unit Investment Trusts
- G. Mutual Funds
- H. Limited Partnerships
- I. Annuities
- J. Margin Transactions (Including Short Sales)
- K. Other: \_\_\_\_\_

### Option Transactions

- Level 1 - Covered Call Writing, Buying Puts Against Long Stock Positions (Married Puts)
- Level 2 - Level 1 Plus Put Writing Against Full Deposit of Strike Price (Covered Puts)
- Level 3 - Level 2 Plus Options Buying, Purchasing Put/Call Warrants
- Level 4 - Level 3 Plus Option Spreading
- Level 5 - Level 4 Plus Uncovered Put Writing vs. Buying Power
- Level 6 - Level 5 Plus Uncovered Straddles, Uncovered Call Writing

Submit your completed form to:

**Wells Fargo Advisors, Attention: MAC N9160-01P**  
**PO Box 77046, Minneapolis, MN 55480-9902, or Fax to 844-879-1439**  
**Should you require assistance with this form, please call 1-800-872-3377.**

**Investment and Insurance Products are:**

- **Not Insured by the FDIC or Any Federal Government Agency**
- **Not a Deposit or Other Obligation of, or Guaranteed by, the Bank or Any Bank Affiliate**
- **Subject to Investment Risks, Including Possible Loss of the Principal Amount Invested**

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**Note: Margin and/or Option Transactions**

- If margin transactions are permitted and specified above, all properly completed margin account opening documentation must be submitted and approved.
- If option transactions are permitted and specified above, a properly completed Option Account Agreement must be submitted and approved, in addition to a properly completed Account Application and this form.

**Investment, Transfer, Disbursement, and General Powers and Authority**

10. We have the following powers under the trust and applicable law, and you are authorized to accept instructions from any \_\_\_\_\_ **(INSTRUCTIONS: Enter number, if no number is inserted, it is presumed to be ONE)** of the individuals or entities listed below for any transaction on the Account, including: (a) giving orders for any securities transactions; (b) requesting or writing checks from the Account in any amount, including the entire balance of the Account, payable in the name of the trust, any trustee(s) individually, or any third party; (c) transferring any or all assets in the Account to or for the benefit of the trust, any trustee(s) individually, or any third party; (d) entering into an advisory program agreement; or (e) giving any other instructions required or permitted on the Account. You have no duty to determine whether the trustee(s) are acting in accordance with the trust. YOU MAY AT ANY TIME REQUIRE WRITTEN OR VERBAL CONSENT OF ALL TRUSTEES TO ANY TRANSACTION AS YOU SOLELY DETERMINE, AND YOU WILL NOT HAVE LIABILITY FOR REFUSING TO ACT ON INSTRUCTIONS OF LESS THAN ALL OF THE TRUSTEES.
11. **(Strike out all or any portion of this Section if not applicable)** We have the power under the trust and applicable law to delegate our fiduciary authority to a third party pursuant to a power of attorney, delegation, or similar document. **(NOTE: We acknowledge that you may require a legal opinion prior to accepting a power of attorney or delegation on this Account.)**
12. We agree that the Account is and will continue to be bound by all agreements and documents which govern the Account.
13. We, jointly and severally, in our personal capacities and on behalf of the trust, agree to indemnify you and each of your affiliates, officers, directors, employees and agents from, and hold you harmless from any loss, damage, claim, expense or liability arising, directly or indirectly out of breach of any representation or warranty, or from acting upon any instructions given by us or by any third party named pursuant to a power of attorney, delegation, or similar document or otherwise acting in reliance on these representations and warranties.
14. We have been advised to consult our legal counsel in connection with these certifications and acknowledgments.
15. We acknowledge that you will be relying solely on these certifications, and that you will not review or interpret the trust for any matters relating to such certifications and operation of the Account(s), even if you are provided with a copy of the trust.
16. The trust has not been revoked, modified, or amended in any manner which would cause the representations contained in this certification to be incorrect. We agree to inform you, in writing, immediately if: (a) there is any subsequent amendment to the trust, including any change in successor trustee(s); (b) any trustee dies or becomes incapacitated; or (c) there is any other change in trustee(s) or any other event which could materially alter this certification. In the event of the death or incapacity of one or more of the trustee(s), you may continue to act on the instructions of any remaining trustee(s) unless we specifically notify you otherwise in writing and provide you with an updated certification.
17. If we do not name or, if applicable, update the successor trustee in this certification, we acknowledge that you may require a legal opinion and/or other documentation prior to allowing a successor trustee to act.
18. Any notice sent by you to any of us, including notice sent electronically, will constitute a notice to all trustee(s).
19. We hereby certify that the undersigned are all of the trustee(s) of the trust.\*

\* Should only one person execute this trustee certification, such signature shall be deemed a representation that the signer is the sole trustee of the trust.

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Trustee Names (Please print)	SIGNATURE (All trustee(s) must sign)	Dates
Trustee #1	<b>X</b>	
Address		
Trustee #2	<b>X</b>	
Address		
Trustee #3	<b>X</b>	
Address		
Trustee #4	<b>X</b>	
Address		

**CA, CO, DE, ID, IA, KS, MI, MN, MS, NE, NV, SD, TN, and VT require notarization of all trustee signatures for trusts established under their laws. If the trust is established in one of those states (see Section 8), please complete a notary block for each trustee listed above.**

**Notary** (Client Signature Must Be Notarized.)

State \_\_\_\_\_ County \_\_\_\_\_  
 Subscribed to and sworn before me on  
 This \_\_\_\_\_ Day of \_\_\_\_\_ in Year \_\_\_\_\_  
 By \_\_\_\_\_  
 (Person whose signature is being notarized)  
 X \_\_\_\_\_  
 Signature of Official Administering Oath  
 My Commission expires \_\_\_\_\_ Year \_\_\_\_\_

**Notary** (Client Signature Must Be Notarized.)

State \_\_\_\_\_ County \_\_\_\_\_  
 Subscribed to and sworn before me on  
 This \_\_\_\_\_ Day of \_\_\_\_\_ in Year \_\_\_\_\_  
 By \_\_\_\_\_  
 (Person whose signature is being notarized)  
 X \_\_\_\_\_  
 Signature of Official Administering Oath  
 My Commission expires \_\_\_\_\_ Year \_\_\_\_\_

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 (Person whose signature is being notarized)  
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 Signature of Official Administering Oath  
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