

# **Trustee Certification Form**

Use this form to change the primary trustee, name a successor primary trustee, and/or remove the primary trustee on your Folio Institutional account.

#### Instructions

1. Complete this form and attach any required documents

2. Submit completed form and any attachments to:

Scan and Email U.S. Mail

support@folioinstitutional.com Folio Institutional

**Fax** ATTN: Brokerage Operations 703-649-6288 ATTN: Brokerage Operations 8180 Greensboro Drive, 8th Floor

McLean, VA 22102

#### **Important Notes**

- This form must be notarized or signature guaranteed (see form for details).
- Folio is unable to use a decedent's Social Security Number (SSN) for tax reporting. A U.S. Taxpayer ID is required.
- The trust and each trustee must have a valid U.S. address and SSN or Tax Identification Number (TIN), and each trustee must be a U.S. citizen, permanent resident alien, or a legal entity authorized to do business in the U.S.

If you need assistance, call us at 1-888-485-3456.

## **PART 1: Trust Information**

Trust Information	Trust Account Number	Tax ID/SSN			Date of Trust Agreeme	nt /		
	Name of Trust Account							
Name of Grantor	First Name		Middle Initial	Last N	lame			
Name of Additional Grantor	First Name		Middle Initial	Last N	lame			
Trust Address	Street Address							
Trust Address	City				State	Zip Code		

### **PART 2: Remove Trustees**

Reason for Removal	Death of Trustee (Provide a certified copy of death certificate)  Incapacitation of Trustee (Provide a letter from a licensed physician or a copy of a court order attesting to the incapacity of the Trustee)  Resignation of Trustee (Resigning Trustee must sign below)				
Trustee Information	First Name	Middle Initial	Last Name		
Reason for Removal	Death of Trustee (Provide a certified copy of death certificate)  Incapacitation of Trustee (Provide a letter from a licensed physician or a copy of a court order attesting to the incapacity of the Trustee)  Resignation of Trustee (Resigning Trustee must sign below)				
Trustee Information	First Name	Middle Initial	Last Name		
Reason for Removal	Death of Trustee (Provide a certified copy of death certificate)  Incapacitation of Trustee (Provide a letter from a licensed physician or a copy of a court order attesting to the incapacity of the Trustee)  Resignation of Trustee (Resigning Trustee must sign below)				
Trustee Information	First Name	Middle Initial	Last Name		



### PART 3: Add or Name a Trustee

I am:

Adding a Co-Trustee

Naming a Successor Trustee (must also complete Part 2)

**Identifying an Existing Trustee** (to use this form as an alternative to providing a copy of applicable pages of my trust document)

	First Name	Middle Initial	Last Name				
Trustee Information	Tax ID/SSN		Date of Birth (mm/dd/yyyy)				
Driver's License	U.S. Driver's License Number (if available)  State of Issuance			State of Issuance			
	The trustee must have a valid U.S. address and SSN/TIN, and must be a U.S. citizen, permanent resident alien, or a legal entity authorized to do business in the U.S.						
	Street Address (no P.O. Boxes)						
Street Address	City			State	Zip Code		
	Phone Number (Day)		Phone Number (E	vening)			
Contact Information	-		(	)	-		
	Email Address						
Citizenship Status	U.S. Citizen Resident Alien Country of Legal Residence						
Employment Status	Employed Self-Employed Retired Student Unemployed Other						
	Is this Trustee a director, 10% shareholder, or executive who makes policy at a public company?						
	Yes No  If yes, provide the information for the company(s) in which the client is a director, policy-making executive, or 10% shareholder.						
	Company Name		Stock Symbol				
Compliance Information	Is this trustee, their spouse, or any other siblings that are dependents, employed be investment advisor or a sole proprietor, proceeding the dealer firm or municipal securities dealer fork Stock Exchange?  Yes No  If the answer above is yes, and if the regulated entity requires form found in the Forms section of the Help Center on our work.	oy or associ partner, offi r) or a finan	ated with the icer, director, cial regulator	securities ind branch mana y agency, suc	dustry (for example, ger or broker at a broker- th as FINRA or the New		
	Is this a Corporate Trustee?  Yes No						
	100						



<sup>\*</sup> Attach additional copies of this page to add more than one primary trustee.

#### Certification

By signing below, each trustee individually certifies that:

- FOLIOfn Investments, Inc. ("Folio") is authorized to follow the instructions of any trustee and to deliver funds, securities, or any other assets in the account to any trustee or on any trustee's instructions, including delivering assets to a trustee personally or to the trustee's personal account with us or another financial institution.
- Folio can rely on the certifications made in this Certification without having to review the actual trust document governing the trust.
- Folio can rely and act on instructions from any one trustee without requiring the unanimous consent of all trustees for actions taken on this account.
- The trust is valid and in full force and effect as of the date of this Certification under applicable state law.
- There is(are) no other trustee(s) of the trust other than those listed in Part 2 of this form.
- Should only one person execute this Certification, it is a representation that the signer is the sole trustee.
- Each trustee, has the power under the trust and applicable law to open an account and/or enter into the transactions and issue the instructions that are made for this account including, without limitation, the power to buy, sell (including short sales), exchange, convert, tender, redeem and withdraw assets (including delivery of securities to and from the account) and to trade securities on margin provided, however, that any such power must be permitted under the applicable account agreements governing such accounts.
- All orders and transactions will be governed by the terms and conditions of all other account agreements applicable to this account, including, but not limited to, the Customer Agreement.
- You, indemnify Folio and hold Folio, its affiliates, and its agents harmless from any claim, loss, expense (including attorney's fees) or other liability for (i) effecting any transactions and acting upon any instructions given by any trustee to Folio, and (ii) any transaction effected or instruction given on this account that was not in full compliance with the governing trust instruments and applicable law.
- This Certification binds the trust, its beneficiaries, and all present and future trustees.
- You will inform Folio, in writing, of any change in trustees, or any event that could alter the certifications made herein. Any amendment to the original information or representations made when the account was established shall be of no effect until accepted by us.
- Folio is authorized to verify any information provided about you, including personal or confidential information.
- That all statements and representations made in this Certification are true and correct to the best of your knowledge.
- The trust continues to be bound by the terms of all agreements between the trust and Folio notwithstanding the addition or removal of one or more trustees.



### Certified to Folio Institutional by All Trustees

All added or named trustees must sign and date below. All signatures must be notarized or Medallion guaranteed.

### Account Value Greater Than \$1,000,000

If you are adding a trustee and the value of the trust account is over \$1,000,000 then a Medallion signature guarantee of each trustee(s) signature is required. A Medallion signature guarantee is designed to protect you and us from fraud. You can obtain a Medallion signature guarantee from a bank, credit union (if authorized under state law), securities exchange or association, clearing agency, or savings association. A notary public cannot provide a Medallion signature guarantee.

	Print Name		Trustee Signature		
1		X		/	/
2		X		/	/
3		x		/	/
4		x		/	/
Signature Guarantee for Signature Number 1			Signature Guarantee for Signature Number 2	<u>'</u>	

Signature Guarantee for Signature Number 1	Signature Guarantee for Signature Number 2
Signature Guarantee for Signature Number 3	Signature Guarantee for Signature Number 4

### Account Value Less Than \$1,000,000

If you are adding a trustee and the value of the trust account is less than \$1,000,000 then each trustee signature must be notarized.

	Print Name	Trustee Signature	Date	(mm/dd/yyyy)
1		X	/	/
2		X	/	/
3		X	/	/
4		X	/	/



# **NOTARIZATION FOR SIGNATURE NUMBER 1** State of \_\_\_\_\_\_, in the county of \_\_\_\_\_\_. Subscribed and sworn to before me by the above-named trustee, \_\_\_\_\_\_ who is personally known to me or who as identification, that the foregoing statements were true and accurate and made of his/ her own free act and deed, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_ Date: \_\_\_\_\_ Commission Expiration Date: \_\_\_\_\_ **NOTARIZATION FOR SIGNATURE NUMBER 2** State of \_\_\_\_\_\_, in the county of \_\_\_\_\_ Subscribed and sworn to before me by the above-named trustee, \_\_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification, that the foregoing statements were true and accurate and made of his/ her own free act and deed, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Signature: \_\_\_ Date: \_\_\_\_\_ Commission Expiration Date: \_\_\_\_ NOTARIZATION FOR SIGNATURE NUMBER 3 State of \_\_\_\_\_\_, in the county of \_\_\_\_\_\_. Subscribed and sworn to before me by the above-named trustee, \_\_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_\_ as identification, that the foregoing statements were true and accurate and made of his/ her own free act and deed, on this \_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_ Date: \_\_\_\_\_ Commission Expiration Date: **NOTARIZATION FOR SIGNATURE NUMBER 4** \_\_\_\_\_, in the county of \_\_\_\_\_ Subscribed and sworn to before me by the above-named trustee, \_\_\_\_\_\_ who is personally known to me or who

\_\_\_\_\_ Date: \_\_\_\_\_



her own free act and deed, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_

Commission Expiration Date: \_\_\_\_\_

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\_\_\_\_\_ as identification, that the foregoing statements were true and accurate and made of his/