



1440 Rosecrans Ave.
 Manhattan Beach, CA 90266
 800.854.9846 • www.kinecta.org

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:

1. Settlor(s)/Trustor(s). The full name(s) of the settlor(s)/trustor(s) of the Trust is/are:
 _____ (Name) _____ (Name)

2. Trustee(s). The full name(s) of the currently acting trustee(s) is/are:
 _____ (Name) _____ (Name)
 _____ (Name) _____ (Name)

3. Successor Trustee(s). As of today, the persons designated to become successor trustees are:
 _____ (Name) _____ (Name)

4. Beneficiary(s). (Please refer to the attached Addendum on page 4)

5. Number of Trustees (one box must be checked).
 I am the current and sole Trustee of the Trust, and the Trust is in full force and has not been revoked, modified or amended in any manner, which would cause the representations in this Certification to be incorrect.
 We are the current and all of the Co-Trustees of the Trust, and the Trust is in full force and has not been revoked, modified or amended in any manner, which would cause the representations in this Certification to be incorrect.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 (one box must be checked).
 As sole Trustee, I have all necessary signature authority to bind the Trust and take the actions specified in Section 8 below.
 The Trust Agreement provides that the minimum number of Trustees required to sign to bind the Trust and take the actions specified in Section 8 below is/are:
 Check one: one Trustee all currently acting Trustees

7. Revocability (one box must be checked).
 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. _____
 Irrevocable. The Trust is an irrevocable trust.

8. Authority. As Trustee, I/we have the authority and power to:

- 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.
- 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.
- Power of Attorney.** *Check box and sign if Trustee(s) has/have authority under the Trust Agreement to, and is appointing an attorney-in-fact to be a signer on the Trust's account(s). [May only be used when Trustee(s) cannot personally perform the delegated acts and the Power of Attorney also provides the authority]:*

As Trustee, I/we have the authority and power under the Trust Agreement to appoint attorneys-in-fact to be signers on the Trust's deposit and investment accounts, to deposit funds, sign checks drawn upon the accounts, withdraw funds from the accounts, by check or otherwise and made payable to any person including the attorney-in-fact, and take all actions with respect to the Trust's accounts by the attorney-in-fact's signature alone, as the Trustee(s) could take. I/we hereby desire to appoint the attorney-in-fact named on signature cards for the Trust's accounts, from time to time. I/we undertake to supervise the attorney-in-fact as required by law. I/we certify that I/we do not have the ability personally to perform the acts hereby delegated to the attorney-in-fact. (Copy of Power of Attorney must be obtained)

 TRUSTEE SIGNATURE

 TRUSTEE SIGNATURE

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.

10. Tax Identification Number. The tax identification number of the Trust is _____

11. Title. Title to Trust assets should be taken as follows:

(Example: "John Doe and Jane Doe, Trustees of the Doe Family Living Trust dated January 4, 1999"):

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

- A. First page.
- B. Signature page.
- C. 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))-

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA

COUNTY OF _____)

On _____ before me, _____
(date) (insert name and title of the officer)

personally appeared _____

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.

Signature _____ (Seal)

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA

COUNTY OF _____)

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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.

Signature _____ (Seal)

ADDENDUM TO 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").

1. Membership. The member number the Trust belongs to is _____

2. Shares(s). The share(s) included in the Trust (excluding IRAs)

Account Types: S _____ S _____ S _____ S _____ S _____ S _____ S _____ S _____ S _____

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)

Date: _____ Trustee: _____
(SIGNATURE)

(TYPE OR PRINT NAME)

Date: _____ Trustee: _____
(SIGNATURE)

(TYPE OR PRINT NAME)