

[ This Form to be completed ONLY if Investments are to be registered in the name of a Trust ]

## CERTIFICATE OF EXISTENCE OF TRUST AND AUTHORITY TO ACT

Name of Trust: \_\_\_\_\_

Social Security Number/TIN (used for the Trust) : \_\_\_\_\_

Date of Trust: \_\_\_\_\_ Date of Last Amendment: \_\_\_\_\_  
or  Trust has not been amended

### Trustee Information

**Name(s) of Trustee(s)**                      ➤ Trustee(s)     May act separately -or-     Must act jointly

\_\_\_\_\_  
Printed name of Trustee

\_\_\_\_\_  
Printed name of Trustee

**Name(s) of Successor Trustee(s)**                      ➤ Successor Trustee(s)     May act separately -or-     Must act jointly

\_\_\_\_\_  
Printed name of Successor Trustee

\_\_\_\_\_  
Printed name of Successor Trustee

\_\_\_\_\_  
Address of Successor Trustee

\_\_\_\_\_  
Address of Successor Trustee

\_\_\_\_\_  
City, State, ZipCode

\_\_\_\_\_  
City, State, ZipCode

*The undersigned Trustee(s) and, if the trust is revocable, the above-referenced Grantor(s), hereby certify(ies) to CEF that:*

- The information on this form is correct.
- The undersigned Trustee(s) is (are) all of the duly authorized and acting Trustee(s) of this trust.
- The undersigned Trustee(s) has (have) the power under the trust and the applicable law to enter into transactions and issue instructions to CEF concerning the trust.
- Any and all transactions effected and instructions given will be in full compliance with the trust.
- CEF will be informed in writing of any changes in the composition of the Trustees, or any other event which could alter the certifications above.
- CEF is indemnified, jointly and severally, and held harmless, from any liability for effecting transactions pursuant to the instructions given by any of the Trustees so identified on this form.
- CEF is indemnified from all costs (including reasonable attorney fees) incurred as a result of reliance by CEF on this certification or any instructions from the Trustee(s) or any Successor Trustee.
- CEF has not been provided with a copy of the trust instrument, and further, the Trustee(s) agree(s) that CEF will have no responsibility to examine the trust instrument or to ensure the proper application of the trust assets in accordance with the trust instrument.
- The Trustee(s) has (have) entered into an agency agreement with the following entity, which is authorized to act for the Trustee(s) with respect to all investments established for the trust.

(If none, please indicate): \_\_\_\_\_

**X** \_\_\_\_\_                      /   /                      -   -  
SIGNATURE of Trustee                      Date of Birth                      Social Security Number

**X** \_\_\_\_\_                      /   /                      -   -  
SIGNATURE of Trustee                      Date of Birth                      Social Security Number

DATE of SIGNATURE: \_\_\_\_\_