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1440 Rosecrans Avenue, Manhattan Beach, CA 90266
800.854.9846 | kinecta.org

Certification of Trust

(Deposit Account) • (Florida Stat. §736.1017)

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) _____ _____ (Address) _____ (Address) _____ _____ (Name) _____ (Name) _____ _____ (Address) _____ (Address) _____ |
| 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). <input type="checkbox"/> I am the current and sole Trustee of the Trust, and the Trust is in full force and has not been revoked, modified or amended in any manner, which would cause the representations in this Certification to be incorrect. <input type="checkbox"/> We are the current and all of the Co-Trustees of the Trust, and the Trust is in full force and has not been revoked, modified or amended in any manner, which would cause the representations in this Certification to be incorrect.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). <input type="checkbox"/> As sole Trustee, I have all necessary signature authority to bind the Trust and take the actions specified in Section 8 below. <input type="checkbox"/> 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: <input type="checkbox"/> One Trustee <input type="checkbox"/> All Currently Acting Trustees <input type="checkbox"/> Other _____ |
| 7. | Revocability (one box must be checked). <input type="checkbox"/> 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. _____ <input type="checkbox"/> Irrevocable. The Trust is an irrevocable trust. |



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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 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, 2020"):

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 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-



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| | | | | | | | | | | | | | | | | | |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|-------|----------------|--------|-------|-------|----------------|--------|-------|-------|----------------|--------|-------|-------|----------------|
| 1. | Membership. The member number the Trust belongs to is _____ | | | | | | | | | | | | | | | | |
| 2. | Share(s). The share(s) included in the Trust (excluding IRAs) Account Types: S_____ S_____ S_____ S_____ S_____ S_____ S_____ S_____ S_____ S_____ | | | | | | | | | | | | | | | | |
| 3. | Beneficiary(s). The full name of the beneficiary(s) of the Trust is/are [required for share insurance purposes]: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">(Name)</td> <td style="width: 50%; border-bottom: 1px solid black;">(SSN)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">(DOB)</td> <td style="border-bottom: 1px solid black;">(Relationship)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">(Name)</td> <td style="border-bottom: 1px solid black;">(SSN)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">(DOB)</td> <td style="border-bottom: 1px solid black;">(Relationship)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">(Name)</td> <td style="border-bottom: 1px solid black;">(SSN)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">(DOB)</td> <td style="border-bottom: 1px solid black;">(Relationship)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">(Name)</td> <td style="border-bottom: 1px solid black;">(SSN)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">(DOB)</td> <td style="border-bottom: 1px solid black;">(Relationship)</td> </tr> </table> Date: _____ Trustee: _____ (Signature) _____ (Type or print name) Date: _____ Trustee: _____ (Signature) _____ (Type or print name) | (Name) | (SSN) | (DOB) | (Relationship) | (Name) | (SSN) | (DOB) | (Relationship) | (Name) | (SSN) | (DOB) | (Relationship) | (Name) | (SSN) | (DOB) | (Relationship) |
| (Name) | (SSN) | | | | | | | | | | | | | | | | |
| (DOB) | (Relationship) | | | | | | | | | | | | | | | | |
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