

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

Certification of Trust

(Deposit Account) • (New Jersey Stat. §3B:31-81)

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: **Settlor(s)/Trustor(s).** The full name(s) of the settlor(s)/trustor(s) of the Trust is/are: (Name) (Name) **Trustee(s).** The full name(s) of the currently acting trustee(s) is/are: (Name) (Name) (Name) (Name) Successor Trustee(s). As of today, the persons designated to become successor trustees are: (Name) (Name) Beneficiary(s) (Please refer to the attached Addendum on page 4) 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 🗆 I am the current and sole Trustee of the Trust, and the Trust is in full force and has not been revoked, modified or amended in any manner, which would cause the representations in this Certification to be incorrect. ☐ We are the current and all of the Co-Trustees of the Trust, and the Trust is in full force and has not been revoked, modified or amended in any manner, which would cause the representations in this Certification to be incorrect. **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 ☐ Other: _ 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.



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8.	Authority. As Trustee, I/we have the authority and power to:		
		g mutual funds, annuities, non-deposit investment products and other o, sign checks drawn upon, and withdraw funds from the accounts nt of any other person.	
	Open and close safe deposit box(es) on behalf of the Trust, withdraw Trust property from such safe deposit box(es) esta	enter into rental agreements for, deposit Trust property into, and ablished for the Trust.	
		eve authority under the Trust Agreement to, and is appointing an any only be used when Trustee(s) cannot personally perform the e authority]:	
	deposit and investment accounts, to deposit funds, sign choose check or otherwise and made payable to any person include accounts by the attorney-in-fact's signature alone, as the Trunamed on signature cards for the Trust's accounts, from time	ust Agreement to appoint attorneys-in-fact to be signers on the Trust's ecks drawn upon the accounts, withdraw funds from the accounts, by ing the attorney-in-fact, and take all actions with respect to the Trust's ustee(s) could take. I/we hereby desire to appoint the attorney-in-fact e to time. I/we undertake to supervise the attorney-in-fact as required ally to perform the acts hereby delegated to the attorney-in-fact. (Copy	
	Trustee Signature	Trustee Signature	
9.	Co-Trustees. If this Certification is signed by Co-Trustees, each References to the singular include the plural.	Trustee certifies for himself or herself and not for the other(s).	
10.	Tax Identification Number. The tax identification number of the	ne Trust is	
11.	Title. Title to Trust assets should be taken as follows:		
	(Example: "John Doe and Jane Doe, Trustees of the Doe Fami	ly 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 SIGNATURI	ES MUST BE NOTARIZED-	



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ACKNOWLEDGMENT CERTIFICATE				
STATE OF NEW JERSEY)				
) ss.				
COUNTY OF)				
On hefore me				
On before me,	[Notary's Name]			
Notary Public in and for said county, personally appeared				
	[Signer/Witness]			
	nd,			
[Signer/Witness] who has satisfactorily identified him/her/themselves as the signer(s) o	[Signer/Witness] r/witness(es) to the above-referenced document.			
Affix Notary Stamp Here)	[Notary Signature]			
	My Commission Expires:			
ACKNOWLEDGMENT CERTIFICATE				
STATE OF NEW JERSEY)				
) ss.				
COUNTY OF)				
On before me,				
	[Notary's Name]			
Notary Public in and for said county, personally appeared				
	[Signer/Witness]			
	[Signer/Witness] r/witness(es) to the above-referenced document.			
Affix Notary Stamp Here)	[Notary Signature] My Commission Expires:			



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and is dated						
and is dated	and is dated					
(the "Trust" or "Trust Agreement").						
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					
3. Beneficiary(s). The full name of the beneficiary(s) of the Trust is/are [required for share insurance purposes]:						
<u> </u>						
(Name) (SSN)						
(DOB) (Relationship)						
(Name) (SSN)						
(DOD)						
(DOB) (Relationship)						
<u> </u>						
(Name) (SSN)						
(DOB) (Relationship)						
(Name) (SSN)						
(DOR)						
(DOB) (Relationship)						
Date: Trustee:						
(Signature)						
(Type or print name)						
Date: Trustee:						
(Signature)						
(Type or print name)						