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

Certification of Trust

(Deposit Account) • (New York)

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:

Form with 7 numbered sections: 1. Settlor(s)/Trustor(s), 2. Trustee(s), 3. Successor Trustee(s), 4. Beneficiary(s), 5. Number of Trustees, 6. Signature Authority, 7. Revocability. Includes checkboxes and signature lines.



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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 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, 2020"):*

\_\_\_\_\_

**12. Attachments.**

A true and correct copy of the entire Trust is attached.

The undersigned Trustee(s) of the Trust Agreement named above represent, warrant and certify that they are all of the current acting Trustees, that the representations made in this Certification of Trust are true, complete and accurate, that the Trust is in full force and effect, and that the Trust Agreement has not been revoked, modified or amended in any manner which would cause the representations contained in this Certification of Trust to be inaccurate or incorrect.

Kinecta Federal Credit Union will not be held liable for any act taken by it pursuant to and in reliance upon this Certification of Trust unless and until it receives a written amendment to the Trust Agreement, written notice of changed Trustee(s) or written notice of any events affecting any Trustee's powers described above. The undersigned Trustees hereby jointly and severally agree to indemnify Kinecta Federal Credit Union and each of its officers, directors, employees and agents from and hold such persons harmless against, any claims, losses, judgments, surcharges, settlement amounts or other liabilities or costs of defense or settlement (including attorney's fees) arising out of actual or alleged improper or unsuitable actions taken by Kinecta Federal Credit Union pursuant to a Trustee's instructions in connection with the above Certification of Trust. This indemnification is made by the undersigned Trustee(s) both in their capacities as Trustee(s) and in their individual capacities and will not be limited by any independent documentation made to the contrary.

Date: \_\_\_\_\_ Trustee: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Type or print name)

Date: \_\_\_\_\_ Trustee: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Type or print name)

**-ALL SIGNATURES MUST BE NOTARIZED-**



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# Certification of Trust

## ACKNOWLEDGMENT CERTIFICATE

STATE OF NEW YORK )

) ss.

COUNTY OF \_\_\_\_\_)

On the \_\_\_\_ day of \_\_\_\_\_, before me, the undersigned notary public, personally appeared (Name) \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(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 capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person on behalf of whom the individual(s) acted, executed the instrument.

\_\_\_\_\_  
[Notary Signature]

## ACKNOWLEDGMENT CERTIFICATE

STATE OF NEW YORK )

) ss.

COUNTY OF \_\_\_\_\_)

On the \_\_\_\_ day of \_\_\_\_\_, before me, the undersigned notary public, personally appeared (Name) \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(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 capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person on behalf of whom the individual(s) acted, executed the instrument.

\_\_\_\_\_  
[Notary Signature]



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## 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").

<b>1.</b>	<b>Membership.</b> The member number the Trust belongs to is _____																
<b>2.</b>	<b>Share(s).</b> The share(s) included in the Trust (excluding IRAs) Account Types: S_____ S_____ S_____ S_____ S_____ S_____ S_____ S_____ S_____ S_____																
<b>3.</b>	<b>Beneficiary(s).</b> 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: _____ <div style="margin-left: 350px;">(Signature)</div> <div style="margin-left: 350px;">_____</div> <div style="margin-left: 350px;">(Type or print name)</div> Date: _____ Trustee: _____ <div style="margin-left: 350px;">(Signature)</div> <div style="margin-left: 350px;">_____</div> <div style="margin-left: 350px;">(Type or print name)</div>	(Name)	(SSN)	(DOB )	(Relationship)	(Name)	(SSN)	(DOB )	(Relationship)	(Name)	(SSN)	(DOB )	(Relationship)	(Name)	(SSN)	(DOB )	(Relationship)
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