



Trustee Certification (Trust Under Agreement)

Account Information	
Full Name of Trust	
Date of Formation of the Trust (MM/DD/YYYY)	Date of the Last Amendment to the Trust (MM/DD/YYYY)
Trust is: <input type="checkbox"/> Revocable and Amendable <input type="checkbox"/> Irrevocable	
Name(s) of the Successor Trustee(s) (if applicable)	State Law Governing Trust
Tax Identification Number for Trust	Grantor(s) of the Trust
The Beneficiaries of the Trust are:	
Name of Beneficiary	Name of Beneficiary
Name of Beneficiary	Name of Beneficiary
Account Legal Address (Required Information - NO P.O. Boxes) Account information will be mailed to the legal address (or mailing address if different) listed below.	
Address	City, State, Zip
Province (if applicable)	Country
Account Mailing Address (If different than legal address)	
Address	City, State, Zip
Province (if applicable)	Country

Is this an Inter Vivos Trust (living trust) created and operative during the lifetime of the Grantor where the Grantor is also the Trustee?

- Yes.
- No. It is a Foreign Trust. If so, please provide Vision with a copy of the Trust Agreement and all Amendments.
- No. It is a Domestic (U.S.) Trust. If so, please provide Vision with a copy of the Title page, Trustee powers and Signature sections of the Trust Agreement.

Vision Account Number: _____ - ____



I/ We, the undersigned trustee(s) of the Trust whose legal name is _____, hereby certify that the declaration or agreement of trust, investment policies and other governing documents of the Trust confer upon the following person(s) (who may or may not be a trustee or trustees) the powers, authority and/or delegations enumerated below:

Name _____ Name _____

are hereby authorized to open and maintain a brokerage account with Vision Financial Markets LLC ("Vision") and trade in all forms of securities including but not limited to shares of stock, mutual funds, exchange traded funds, bonds, other evidences of indebtedness, other securities (including short sales and options transactions) and derivative instruments (collectively, "Securities") for the account and risk of the Trust by and with Vision or its successors and assigns. The authority hereby granted to the foregoing person(s) includes the power to do any and all of the following:

- (a) To buy, sell, including the power to sell "short", and trade in Securities, on margin or otherwise, including buying and selling options of any type, by written or verbal instructions;
(b) To deposit with and withdraw from the Trust's account or accounts maintained at Vision, and to transfer to Vision, the Trust's money, Securities and other property;
(c) To borrow money and draw upon credit lines of the Trust to secure and margin trades;
(d) To receive requests and demands for additional margin, notices of intention to sell or purchase, and other notices and demands of whatever character;
(e) To receive, affirm and acquiesce in the correctness of notices, confirmations, statements of account and other records and documents;
(f) To settle, compromise, adjust or release any and all claims, demands, disputes or controversies with Vision or any of its correspondent broker/dealers; and
(g) To make, execute and deliver any and all written instruments, necessary or proper to effectuate (a) - (f) above.

The Trust is not permitted to trade in the following types of Securities or transactions: _____.

If there is more than one trustee, we certify that: (i) Vision is authorized to accept orders and instructions from any one of the trustees without obtaining the consent of the others; and (ii) each trustee alone shall have full authority for the account and may act in the name of and on behalf of the account.

Please Sign and Date Below

I/We certify that (a) Vision has been furnished with true and correct copies of the Trust instrument and other governing documents appointing the trustee(s) and granting them the power to act in the manner contemplated herein, (b) the trustee(s) has/have determined that trading Securities is prudent in light of the investment policies and objectives of the Trust, and (c) Vision's investment strategy, allocation procedures and investment advisory services are authorized by the Trust.

I/We confirm that any and all transactions of any kind heretofore undertaken on behalf of the Trust by and through Vision be and they are hereby ratified and approved and that Vision is authorized to act upon the authority of this authorization until it receives a written rescission or modification of this instrument executed by the Trustee(s). To induce Vision to accept the Trust's account, the Trust shall indemnify, defend and hold harmless Vision and its successors and assigns against any and all losses, damages and expenses incurred in the event any of the representations herein are not true or correct.

X
Trustee's Signature

X
Co-Trustee's Signature

X
Co-Trustee's Signature

Print Trustee's Name

Print Co-Trustee's Name

Print Co-Trustee's Name

Date

Date

Date

(Signatures must be notarized)

Subscribed and sworn to me this ___ day of ___, 20 ___

Subscribed and sworn to me this ___ day of ___, 20 ___

Subscribed and sworn to me this ___ day of ___, 20 ___

Notary Public

Notary Public

Notary Public

Authorized Individual Information

Authorized Individual Name

Title

Date of Birth (MM/DD/YYYY)

Social Security Number or Taxpayer ID Number

U.S. Drivers License Number

State of Issuance

Countries of Citizenship: U.S. Other (Indicate Countries): _____

Mailing Address (If different than legal address)

Address

City, State, Zip

Province (if applicable)

Country

(____) _____ - _____
Home Telephone

(____) _____ - _____
Work Telephone

Employment Status

Employed Not-Employed Retired

Name of Employer

Occupation (List source of income if retired or not employed)

Employer's Address

City, State, Zip

Province (if applicable), Country

Additional Authorized Individual Information

Authorized Individual Name

Title

Date of Birth (MM/DD/YYYY)

Social Security Number or Taxpayer ID Number

U.S. Drivers License Number

State of Issuance

Countries of Citizenship: U.S. Other (Indicate Countries): _____

Mailing Address
(If different than legal address)

Address

City, State, Zip

Province (if applicable)

Country

(____) _____ - _____
Home Telephone

(____) _____ - _____
Work Telephone

Employment Status

Employed Not-Employed Retired

Name of Employer

Occupation (List source of income if retired or not employed)

Employer's Address

City, State, Zip

Province (if applicable), Country



Additional Authorized Individual Information

Authorized Individual Name

Title

Date of Birth (MM/DD/YYYY)

Social Security Number or Taxpayer ID Number

U.S. Drivers License Number

State of Issuance

Countries of Citizenship: U.S. Other (Indicate Countries): _____

Mailing Address (If different than legal address)

Address

City, State, Zip

Province (if applicable)

Country

(____) _____ - _____
Home Telephone

(____) _____ - _____
Work Telephone

Employment Status

Employed Not-Employed Retired

Name of Employer

Occupation (List source of income if retired or not employed)

Employer's Address

City, State, Zip

Province (if applicable), Country

If more than three authorized individuals, please print and complete additional pages as necessary.