



Trustee Certification of Trustee Powers

PO Box 2226 ■ Omaha, NE 68103-2226
200 S. 108th Ave ■ Omaha, NE 68154-2631
Fax: 800-914-8979

1. TRUST INFORMATION

Account Number: _____

In consideration of your opening or updating one or more accounts for the Trust named below, we, the undersigned Trustees, certify as follows:

The trust to which this certificate applies (*example: John Jones and Sam Smith, Trustees for the benefit of Mary Jones*): _____

Date of Formation of the Trust: _____ Date of Last Amendment to the Trust: _____
(MM-DD-YYYY) (MM-DD-YYYY)

Name(s) of the Successor Trustee(s): _____
(if applicable)

Grantor(s) of the Trust: _____

Tax Identification Number for Trust: _____

The Beneficiaries of the Trust are:

Name of Beneficiary: _____

Name of Beneficiary: _____

Name of Beneficiary: _____

Name of Beneficiary: _____

2. TRUSTEES (All active trustees must complete.)

Unless checked, there are no trustees of the trust other than the undersigned.

Print Legal Name: _____

X Signature: _____ Date: _____

Print Legal Name: _____

X Signature: _____ Date: _____

Print Legal Name: _____

X Signature: _____ Date: _____

Print Legal Name: _____

X Signature: _____ Date: _____

Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

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