
confidential
fax

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Pages: 5

Date/Time: 12/26/2025 12:30:50 AM

Subject: Test

Trustee Cert

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Trustee Certification of Investment Powers



We will not be able to open your account without all of the information requested on this form. When completing this form, please answer all questions and print the names of *all trustees* clearly in the section indicated on the first page. After answering all questions in their entirety, please have *all trustees* sign in the appropriate area on the last page of the document. In order for this Trustee Certification of Investment Powers to be valid, the form *must* be completed in its entirety and must be signed by *all trustees*. A copy of the will or trust agreement is also required by American Century Investment Services, Inc. ("American Century") and/or Pershing LLC (Pershing) before acceptance of the account or prior to executing certain transactions or requests.

STEP 1. ACCOUNT INFORMATION

| | |
|---|------------------------|
| Introducing Firm Name American Century Brokerage | Account Number 4MV- |
|---|------------------------|

STEP 2. TRUST INFORMATION

| | |
|---|--------------------------------------|
| Title of the Trust to Which This Certification Applies | |
| Effective Date of Trust | Latest Amendment or Restatement Date |
| Grantor(s), Settlor(s) or Testator(s) who Established the Trust | |
| Trust Type <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable <input type="checkbox"/> Testamentary <input type="checkbox"/> Charitable <input type="checkbox"/> Family <input type="checkbox"/> Irrevocable Living Trust <input type="checkbox"/> Living | |
| If Revocable, Name of Person(s) who can Revoke | |
| Tax ID/Social Security Number | |
| Governing State Law | |

I/we affirm that there are no other trustees of the Trust other than the undersigned.

I/we affirm that either (1) the Trust explicitly authorizes each of the Trustees to act individually without the consent of the other Trustees; or (2) the Trustees have consented to each Trustee acting individually and without consent of the other Trustees and that such delegation of authority is expressly authorized by the Trust. The Trustees agree that any notice sent to one Trustee will constitute as a notice to all Trustees. American Century may require, at its sole discretion, a written approval of all Trustees before executing any instructions..

STEP 3. NATURAL PERSONS

| | | |
|--|------------------------------|-----------------------------|
| 1. Are all trustees of this trust natural persons? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are all beneficiaries of this trust natural persons? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is the Trust duly organized under, and its termination provision complies with, applicable law? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the Trustee(s) have indicated in the selection above that the trust is solely for the benefit of natural persons, then by signing in Step 5 below, the Trustee(s) hereby certify that the trust terminates within 21 years and 10 months after the death of the grantors or beneficiaries of the trust living on the effective date of the trust or within 25 years, if applicable under state law.

| | |
|--|---|
| Trustee Name | Trustee Type <input type="checkbox"/> Person <input type="checkbox"/> Entity |
| Trustee Social Security (SSN) / Employee Identification #(EIN) | NAICS Industry Code (Required for non-natural Trustee) |
| Address | |

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| | |
|--|---|
| Trustee Name | Trustee Type <input type="checkbox"/> Person <input type="checkbox"/> Entity |
| Trustee Social Security (SSN) / Employee Identification #(EIN) | NAICS Industry Code (Required for Entity Trustee) |
| Address | |

| | |
|--|---|
| Trustee Name | Trustee Type <input type="checkbox"/> Person <input type="checkbox"/> Entity |
| Trustee Social Security (SSN) / Employee Identification #(EIN) | NAICS Industry Code (Required for Entity Trustee) |
| Address | |

| | |
|--|---|
| Trustee Name | Trustee Type <input type="checkbox"/> Person <input type="checkbox"/> Entity |
| Trustee Social Security (SSN) / Employee Identification #(EIN) | NAICS Industry Code (Required for Entity Trustee) |
| Address | |

| |
|---------------------------|
| Successor Trustee Name(s) |
|---------------------------|

STEP 4: POWERS OF THE TRUSTEE

The undersigned Trustee(s) certify that, under the Trust Agreement and/or applicable state or local law, they have the power to enter into transactions for the purchase and sale of securities and other investments, including without limitation, stocks (preferred or common), bonds, mutual funds, and certificates of deposit.

In Addition to the Foregoing Powers, the Undersigned Trustees are Specifically Authorized to:

| | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Maintain margin accounts and through such accounts borrow money to withdraw funds on margin, purchase securities on margin and to pledge those securities and all others in the margin account as security for the loan. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Borrow money or make any contract the effect of which is to borrow money, and secure such obligations by mortgages or other liens upon any Trust property; borrow, guarantee and/or pledge any Trust assets as collateral, as the case may be, with respect to a loan; guarantee a borrowing of money or to make any contract the effect of which is to guarantee a borrowing, and secure such obligations by mortgages or other liens upon any Trust property. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Engage in the purchase of call options. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Engage in covered call writing. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Engage in purchase of put options. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Delegate Trustee powers, including check writing authority, to third parties, such as investment advisors or other agents, under a Power of Attorney (POA), other document, or the Trust Agreement. A copy of the POA, other document, or section of the Trust Agreement showing the delegation of such power in undersigned's capacity as Trustee is also required. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Establish and maintain an asset management account with a debit card and/or check writing, from which account funds are directly spent, the responsibility for which is entirely that of the Trustee(s). |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Receive on behalf of the Trust or deliver to the Trust or third parties any and all assets including, but not limited to, monies, stocks, bonds, and other securities. To sell, assign, and endorse for transfer certificates representing stocks, bonds, and other securities now registered or hereafter registered in the name of the Trust. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Transfer any and all assets of the Trust to any of the Trustee(s) individually. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Execute and sign Form W-9 for a US trust, or the relevant Form W-8 for a foreign trust. |

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STEP 5. TRUSTEE(S) INDEMNIFICATION AND SIGNATURES

The undersigned Trustees jointly and severally indemnify and hold harmless American Century and Pershing, and each of their affiliates, officers, directors, employees, agents, successors or assigns from any liability (including attorney's fees) from and against any claims, judgments, expenses, liabilities or costs of defense or settlement arising out of or related to breach of any representation or warranty made herein, or from effecting any transfers or transactions pursuant to instructions given by any of the Trustees or Successor Trustees listed above, or any actual improper or unsuitable action resulting from instructions given to American Century or Pershing by any of the Trustees. This indemnification is made by us both in our capacities as Trustees and in our individual capacities. We certify that the Trust is currently in existence, has not been revoked, modified or amended in any manner that would cause the certifications herein to be incorrect and, we agree to inform American Century immediately in writing of any amendment to the Trust, any change in the composition of the Trustees, or any other event which could alter the certifications made above. We acknowledge American Century's and/or Pershing's right to examine the Trust Agreement and hereby agree to provide American Century or Pershing with a copy of the Trust Agreement if so requested. (Where applicable, plural references in this certification shall be deemed singular.)

| | |
|--------------|--|
| Trustee Name | Date |
| Signature |  |

| | |
|--------------|--|
| Trustee Name | Date |
| Signature |  |

| | |
|--------------|--|
| Trustee Name | Date |
| Signature |  |

| | |
|--------------|--|
| Trustee Name | Date |
| Signature |  |