

TRUST CERTIFICATION

Deposit Account – UFB Direct
(Probate Code Section 18100.5)

1. **A. Complete Name of trust as it appears on the trust document** (e.g., “Smith Family Living Trust under declaration of Trust dated 1/1/90”)

(such trust, trust agreement/instrument, or declaration of trust, being referred to herein as the “Trust”)

- B.** Please note any amendments to the Trust:

The following individuals have the relationships to the Trust specified below:

2. **Settlor(s): (a/k/a Grantor(s)/Trustor(s)).** The full name(s) of the settlor(s) of the Trust is/are:

a. _____

b. _____

c. _____

3. **Trustee(s).** The full name(s) of the currently acting trustee(s) is/are:

a. _____

b. _____

c. _____

4. **Successor Trustee(s).** As of today, the persons designated to become successor trustees are:

a. _____

b. _____

c. _____

5. **Number of Trustees** (*one box must be checked*).

A. I am the current and sole Trustee of the Trust, and the Trust is in full force and has not been revoked, modified or amended in any manner that would (i) cause the statements in this Certification to be incorrect or otherwise invalid or (ii) limit the ability of the Trust and the trustee(s) thereof to execute this Certification or the account agreement and documentation being executed herewith.

B. We are the current and all of the Co-Trustees of the Trust, and the Trust is in full force and has not been revoked, modified or amended in any manner that would (i) cause the representations in this Certification to be incorrect or (ii) limit the ability of the Trust and the trustee(s) thereof to execute this Certification or the account agreement and documentation being executed herewith.

6. Signature Authority *(one box must be checked).*

A. As sole trustee, I have all necessary signature authority to bind the Trust and take the actions and make the representations and warranties, in each case, specified in Section 5 and in Section 8.

B. The Trust Agreement provides that _____ of _____ co-trustees is the minimum number of Trustees required to sign and bind the Trust and take the actions and make the representations and warranties, in each case, specified in Section 5 and in Section 8.

7. Revocability *(one box must be checked).*

A. Revocable. The Trust is a revocable trust. The power to revoke is held only by the settlor(s) named below.

Settlor 1. _____

Settlor 2. _____

B. Irrevocable. The Trust is an irrevocable trust.

8. Authority. As trustee(s), I/we am/are represent and warrant:

(a) I/we are duly qualified and currently serving as trustee(s) of the Trust, and without the consent of any other person, have power by my/our signature(s), on behalf of the Trust, in each case, to: (i) open and close deposit and investment accounts, including, without limitation, mutual funds, annuities, non-deposit investment products, and other uninsured vehicles; (ii) deposit funds into, sign checks drawn upon, and withdraw funds from the accounts established for or titled in the name of the Trust; (iii) title assets in the name of the Trust; (iv) execute and deliver contracts on behalf of the Trust; (v) consent to pay fees on behalf of the Trust; (vi) bind the Trust's assets to agreements, including, without limitation, those executed herewith; (vii) take any additional appropriate actions in furtherance of this Certification and the documentation executed herewith.

(b) The contemplated business relationship between the Trust and any trustees thereof with UFB Direct is consistent with the purposes of the Trust and the interests of the beneficiaries thereunder.

(c) Nothing herein is contrary to the terms of the Trust instrument or inconsistent with any law applicable to the administration or interpretation of the Trust. If any statement made in this certification is incorrect, but could be made correct by an amendment to the Trust by the individual(s) signing below (whether in their capacities as Settlor(s), trustee(s), beneficiary(ies), or otherwise), the Trust is and shall hereby be amended so as to make such statement true and correct in all respects.

9. Co-Trustees. If this Certification is signed by co-trustees, each trustee certifies for himself or herself and not for the other(s); however, this shall not diminish UFB Direct's right to rely on this Certification. References to the singular include the plural.

10. **Tax Identification Number.** The tax identification number of the Trust is _____.
**if different than primary Tax Identification Number please provide an SS-4*
11. **Title.** Title to Trust assets should be taken as follows (a/k/a “vesting” information): (e.g., “Doe Family Living Trust Under Trust Agreement Dated January 4, 1999” or “Jane Doe, Trustee of the Doe Revocable Trust dated March 15, 2001):

12. **Reliance.** The undersigned execute(s) this Certification intending that UFB Direct rely on this Certification and specifically intend, irrespective of the Trust’s governing jurisdiction or state of organization, in each case, that UFB Direct have all the benefits afforded to a bank relying on a Certification of Trust pursuant to California Probate Code Section 18100.5. The undersigned further agree(s) that the no amendment to the terms of the Trust may be construed to adversely affect UFB Direct’s reliance on this Certification unless the trustee(s) of the Trust provide notice to UFB Direct and execute and deliver to UFB Direct a new certification for reliance by UFB Direct (it being understood that unless such notice and a proper new certification is provided, UFB Direct may continue to rely on this Certification based on its terms, without further inquiry).

[Signature page follows]

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Where there are co-trustees, we are all the co-trustees of the Trust.

Date: _____ Trustee: _____
(SIGNATURE)

(TYPE OR PRINT NAME)

Date: _____ Trustee: _____
(SIGNATURE)

(TYPE OR PRINT NAME)

Date: _____ Trustee: _____
(SIGNATURE)

(TYPE OR PRINT NAME)

- ALL SIGNATURES MUST BE NOTARIZED (PROBATE CODE 118100.5(c)) -

FORM OF ACKNOWLEDGMENT

State of _____
) County of _____
)

On _____ before me personally appeared, _____,
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(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 authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or
the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

(Seal)

Signature