

Certificate of Trust**Trust Information**

1. **Legal name of the Trust (as stated in the Trust document):** _____

2. **Date the Trust document was executed:** _____

3. **The state or jurisdiction under the laws of which the Trust was established:** _____
4. **Are there any amendments(s) to the Trust document** ☐ Yes ☐ No
If yes, provide date of all amendments: _____

5. **Name of all Grantors, Settlers, Trustors, or other creators of the Trust:**

6. **Tax ID Number used for Tax Reporting** _____
☐ EIN or ☐ Social Security Number of Grantor/Trustor/Settlor
7. **Type of Trust:**
☐ Revocable ☐ Irrevocable
If revocable, who has the power to revoke, amend or modify:
☐ Grantor/Settlor/Trustor
or
☐ Other means - Please describe: _____

If revocable, the Trust becomes irrevocable when:

Trustee Information:

8. The Trust states that any Trustee may act independently on behalf of the Trust
and without the consent of any other Trustee. ☐ Yes ☐ No

9. Name, address, and phone number of each currently acting Trustee(s):

1. Name: _____

Address: _____

Phone: _____

2. Name: _____

Address: _____

Phone: _____

3. Name: _____

Address: _____

Phone: _____

4. Name: _____

Address: _____

Phone: _____

10. When does a Successor Trustees become a Trustee and what is the method for determining this?

11. Name of each Successor Trustee(s), in order of appointment:

1. _____

2. _____

3. _____

4. _____

Beneficiary(s)

Failure to provide all beneficiaries may alter NCUA insurance coverage.

12. Name of each Beneficiary:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Certification of Trustee(s):

- A valid Trust currently exists, is in full force and effect and has not been revoked, modified, or amended in any manner that would cause the representations contained in this Trust Certification to be inaccurate or incorrect.
- All currently acting Trustee(s) have been identified in this Trust Certification and have the authority to execute this Trust Certification.
- Under the terms of the Trust document each Trustee is authorized to act independently on behalf of the Trust and without the consent of any other Trustee or person.
- I understand that I may be required to provide copies of excerpts from the Trust document(s) that designate the Trustee(s) and that confer the power to act in the pending transaction or any other reasonable information.
- The undersigned Trustee will promptly notify Numerica Credit Union ("Numerica") in writing of any change in the currently acting Trustee(s) or of any revocation, modification, or amendment to the Trust that would cause the representations made in this Certification of Trust to become inaccurate or incorrect.
- I understand and agree that Numerica Credit Union is not liable for the administration of the Trust and that Numerica Credit Union will follow the direction of the Trustee(s) listed in this Trust Certification regardless of any instructions listed in the Trust document(s). I agree to indemnify, defend, and hold Numerica Credit Union harmless against any loss or claim that should arise by virtue of Numerica Credit Union allowing an account to be maintained by the Trust or due to the action(s) of any of the Trustee(s).
- To the best of my knowledge, there is no claim, litigation, cause of action alleged, or challenge of any kind that contests or questions the validity of the Trust or a Trustee's authority to act on behalf of the Trust.
- The Trust gives each Trustee the authority to open, close, and transact on a deposit account in the name of the Trust at Numerica.
- By signing below, the undersigned Trustee declares under penalty of perjury under the laws of the state of Washington that the statements made in this Certification of Trust are true and accurate.

Name of Trustee: _____**Signature of Trustee:** _____ **Date Signed:** _____