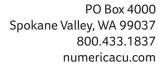




Certificate of Trust

Trust Information

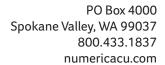
Date the Irus	t document was executed:
The state or j	urisdiction under the laws of which the Trust was established:
Are there any	amendments(s) to the Trust document \Box Yes \Box No
f yes, provide	date of all amendments:
Name of all G	rantors, Settlors, Trustors, or other creators of the Trust:
Tax ID Numbe	r used for Tax Reporting
□ EIN or	☐ Social Security Number of Grantor/Trustor/Settlor
Type of Trust:	
☐ Revocable	□ Irrevocable
	who has the power to revoke, amend or modify:
f revocable, v	the has the power to revoke, unlend of modify.
	ettlor/Trustor
	•





Trustee Information:

ands	Trust states that any Trustee may act indeper without the consent of any other Trustee.	_			
	-				
	e, 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:				
Whe	n does a Successor Trustees become a Truste	e and what is t	he method for determining th		
Nam	e of each Successor Trustee(s), in order of ap	nointment:			
	e of each successor frustee(s), in order of ap				
1.					





Beneficiary(s)

Failure to provide all beneficiaries may alter NCUA insurance coverage.

12.	Na	me of each Beneficiary:				
	1.					
	2.					
	3.					
Cer		n of Trustee(s):				
•		Trust currently exists, is in full force and effect and has not been revoked, modified, or amended in any manner ould cause the representations contained in this Trust Certification to be inaccurate or incorrect.				
•	All curr Certific	ently acting Trustee(s) have been identified in this Trust Certification and have the authority to execute this Trust ation.				
•		the terms of the Trust document each Trustee is authorized to act independently on behalf of the Trust and the consent of any other Trustee or person.				
•		rstand that I may be required to provide copies of excerpts from the Trust document(s) that designate the e(s) and that confer the power to act in the pending transaction or any other reasonable information.				
•	current	dersigned Trustee will promptly notify Numerica Credit Union ("Numerica") in writing of any change in the ally acting Trustee(s) or of any revocation, modification, or amendment to the Trust that would cause the antations made in this Certification of Trust to become inaccurate or incorrect.				
•	Credit I in the T claim th	stand and agree that Numerica Credit Union is not liable for the administration of the Trust and that Numerica Union will follow the direction of the Trustee(s) listed in this Trust Certification regardless of any instructions listed rust document(s). I agree to indemnify, defend, and hold Numerica Credit Union harmless against any loss or nat should arise by virtue of Numerica Credit Union allowing an account to be maintained by the Trust or due to ion(s) of any of the Trustee(s).				
•		pest of my knowledge, there is no claim, litigation, cause of action alleged, or challenge of any kind that contests tions the validity of the Trust or a Trustee's authority to act on behalf of the Trust.				
•	The Tru Numeri	st gives each Trustee the authority to open, close, and transact on a deposit account in the name of the Trust at ica.				
•	By sign	ing below, the undersigned Trustee declares under penalty of perjury under the laws of the state of Washington e statements made in this Certification of Trust are true and accurate.				
Naı	me of Tr	ustee:				

Signature of Trustee: ______ Date Signed: _____