

Trustee Certification of Trustee Powers

1 Trust Information

In consideration of your opening 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 (<i>Month/Day/Year</i>)	Date of the Last Amendment to the Trust (<i>Month/Day/Year</i>)
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There are no Trustees of the Trust other than the undersigned.

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
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Name of Beneficiary	Name of Beneficiary
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2 Investments Permitted

We certify that we have the power, under the Trust Agreement and applicable law, to open a brokerage account and enter into purchases and sales of securities as well as all other transactions in the following types of accounts:

- | | | | |
|------------------------------|------------------|---------------------------------------|---|
| <input type="radio"/> Cash | Options : | <input type="radio"/> Writing Covered | <input type="radio"/> Creating Spreads |
| <input type="radio"/> Margin | | <input type="radio"/> Purchasing Long | <input type="radio"/> Writing Uncovered |

We acknowledge having received account documentation, agreements and risk disclosure forms, including the Ameritrade Advisor Service "Terms and Conditions." This request is consistent with the terms and conditions of the Trust. We, the Trustees, jointly and severally indemnify Ameritrade, Inc. and hold Ameritrade, Inc. harmless from any liability for effecting any transactions if Ameritrade, Inc. acts pursuant to instructions given by any of the individuals listed in this Certification. We agree to immediately inform Ameritrade, Inc., in writing, of any amendment to the Trust, any change in the composition of the Trustees, or any other event which would materially alter the Certifications made above.

Ameritrade Advisor Services is required to disclose to each applicant that the information provided on this application will be verified through a third-party provider in accordance with the USA Patriot Act.

3 Trustees (*All Active Trustees Must Complete*)

Print Name <i>First, Middle Initial, Last, Suffix</i>	Date	Print Name <i>First, Middle Initial, Last, Suffix</i>	Date
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<input checked="" type="checkbox"/> Signature	<input checked="" type="checkbox"/> Signature
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Street Address	Street Address
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City	City
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State/Province	Zip/Postal Code	State/Province	Zip/Postal Code
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Telephone Number	Telephone Number
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U.S. Social Security Number <i>If none, you must submit a copy of your passport.</i>	U.S. Social Security Number <i>If none, you must submit a copy of your passport.</i>
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Date of Birth <i>Month/Day/Year</i>	Date of Birth <i>Month/Day/Year</i>
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