

Certification of Trust

TRUST INFORMATION

Trust Name _____ Date of Execution _____

Settlor Name(s) _____ Trust Tax ID Number _____

Trustee Name(s) _____

Mailing Address _____ City _____ State _____ ZIP _____

First Successor Trustee Name _____

Second Successor Trustee Name _____

The above trust is (choose one): Revocable Irrevocable

The above trust (choose one): **Can** be modified or amended **Cannot** be modified or amended

If revocable or subject to modification or amendment, state by whom: _____

Number of signatures required to exercise trust powers if multiple current acting trustees (choose one):

All One A Majority Other _____

The above trust is in existence at this time and has not been revoked, modified or amended in any manner that would cause the representations contained in this certification to be incorrect. The trust powers include at least all of those trust powers contained in the Uniform Trustees Powers Act set forth in ORS 128.003 to 128.045.

Title to Trust assets should be taken as follows: _____

TRUSTEE SIGNATURES

Signature of Trustee _____ Date _____

Signature of Co-Trustee _____ Date _____

Continued on next page >



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NOTARY INFORMATION

State of: _____ County of: _____

Personally appeared the above named person(s) and acknowledged the Certification before me this _____ day of _____, 20 _____.

Notary Signature

Date

My commission expires: _____

[NOTARY SEAL HERE]

SUBMITTING YOUR FORM

To submit your completed form, send a scanned PDF (or similar format) to investment@cepnet.com or mail/fax the document(s) to the address/fax number at the bottom of page 1.