

ACCOUNT NUMBER \_\_\_\_\_

## Secretary's Certificate Regarding Non-Incorporated Association Resolution

I hereby certify that I am the Secretary of \_\_\_\_\_ a non-incorporated  
Entity Name  
 Association organized in the State/Province of \_\_\_\_\_, and  
State/Province  
 that the following is a true copy of a duly adopted by said non-incorporated association at a meeting held  
 the certificate this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at which said meeting a quorum was present and acting  
Day Month Year  
 throughout, and that such resolution has not been rescinded or modified and is in full force and effect:

RESOLVED, that the President, Vice President and the Treasurer of this non-incorporated association, or any one of such officers hereby are fully authorized and empowered to open a brokerage account, transfer, endorse, sell, assign, set over and deliver any and all shares of stock, bonds, debentures, notes, evidences of indebtedness or other securities (including short sales) now or hereafter standing in the name of or owned by this non-incorporated association, to purchase stock, bonds, debentures, notes, evidences of indebtedness or other securities, on margin or otherwise, and to make, execute and deliver, any and all written instruments necessary or proper to effectuate the authority hereby conferred.

I am the sole Officer.

President Name <i>First, Middle Initial, Last, Suffix</i>	Telephone Number
Street Address <i>City, State, /Providence, Zip/Postal Code</i>	Birth Date <i>Month/Day/Year</i>
U.S. Social Security Number <b>If none, you must submit a copy of your passport</b>	Signature

Vice President Name <i>First, Middle Initial, Last, Suffix</i>	Telephone Number
Street Address <i>City, State, /Providence, Zip/Postal Code</i>	Birth Date <i>Month/Day/Year</i>
U.S. Social Security Number <b>If none, you must submit a copy of your passport</b>	Signature

Treasurer Name <i>First, Middle Initial, Last, Suffix</i>	Telephone Number
Street Address <i>City, State, /Providence, Zip/Postal Code</i>	Birth Date <i>Month/Day/Year</i>
U.S. Social Security Number <b>If none, you must submit a copy of your passport</b>	Signature

IN WITNESS WHEREOF, I have hereunto set my hand of said non-incorporated association this \_\_\_\_\_  
Day  
 day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

Secretary Printed Name	Secretary Signature
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