



# Trust Certification/ERISA Agreement (As Applicable)

Account Number \_\_\_\_\_

## Registration

Legal Name [Trustee(s)] \_\_\_\_\_

As Trustee for \_\_\_\_\_

Social Security/Tax I.D No. \_\_\_\_\_

- Complete the registration exactly the same as the Agreement to which this Certificate is attached.
- Tax reporting information is processed using the Taxpayer Identification Number of the Trust, or in certain circumstances, the Social Security Number of the Grantor of the Trust. Certain trusts, such as qualified retirement plans, are exempt from backup withholding and IRS reporting. Please consult your legal or tax adviser to determine proper reporting on this Trust.
- If this is a retirement plan subject to ERISA, the reverse side of this document **MUST** be completed.

## Trustee Certification

1. The title of the Trust is as indicated in the Registration above. EXAMPLES: John Jones (and Sam Smith) Trustee(s) for the benefit of Mary Jones John Doe Trustee ABC Company Profit Sharing Trust
2. The date of the Trust is: \_\_\_\_\_
3. There are no other Trustees of the Trust other than the undersigned.
4. The undersigned have the power under the Trust's charter documents and applicable law to enter into an agreement which provides for the investment of the assets comprising a part of the Trust. The following limitations restrict investment of Trust assets (specify any investment restriction, such as type of security or property, margin, short sales, etc.).  
Check box  if Trust authorizes options trading.
5. Under the Trust's charter documents, any of the undersigned] persons is authorized to instruct Legent Clearing LLC. and Legent Clearing LLC. is hereby authorized to accept such instructions, with regard to any action to be taken under the Agreement with Legent Clearing LLC., for the account of Client.  
  
Check box  if the Trust requires more than one person to take action, and indicate the number required \_\_\_\_\_.
6. Check box  to indicate that Trust is an employee benefit plan (the "Plan") subject to the fiduciary responsibility requirements of the Employee Retirement Income Security Act of 1974 ("ERISA"). If box is checked, we agree to the terms and provisions of the ERISA Agreement on the reverse side of this Certificate.

**X** \_\_\_\_\_  
Trustee Signature Date

**X** \_\_\_\_\_  
Trustee Signature Date

**X** \_\_\_\_\_  
Trustee Signature Date

**X** \_\_\_\_\_  
Trustee Signature Date

**NOTE:** All Trustees must sign. Should only one person execute the Trustee Certification, it shall be a representation that the signer is the sole Trustee. Where applicable, plural references in this Trustee Certification shall be deemed singular.

