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 Pittsburgh, PA 15222  
 Expedition Trust Company  
 435 S. Chapelle Street, Suite D  
 Pierre, SD 57501  
 1-800-693-7800  
 www.macg.com

# Trustee Certification of Investment Powers ("TCIP")

Use this form to establish or update Trustee information on a Trust account held in custody at Mid Atlantic Trust Company ("MATC"). The Trustees authorized on this form will supersede any earlier designations.

## TRUST INFORMATION

|                          |                                    |         |     |
|--------------------------|------------------------------------|---------|-----|
| Full Legal Name of Trust |                                    |         |     |
| For the Benefit of (FBO) |                                    | Grantor |     |
| Date of Trust            | Social Security/Taxpayer ID Number | SSN     | TIN |

|                              |       |     |         |
|------------------------------|-------|-----|---------|
| Legal Address (No PO Boxes): |       |     |         |
| Street Address               |       |     |         |
| City                         | State | Zip | Country |

|  |       |     |         |
|--|-------|-----|---------|
| Mailing Address (Complete only if different from Legal Address): Same as Legal Address |       |     |         |
| Street Address   |       |     |         |
| City   | State | Zip | Country |

## CERTIFICATION OF INVESTMENT POWERS

The undersigned certify that the Trust indicated above has the following Trustees. If the Trustee is an individual, complete the First, M.I., and Last Name fields. If the Trustee is an entity, provide the name of the entity in the Entity Name field and include a resolution naming the authorized individuals.

\_\_\_\_\_ Number of Trustees

List of Trustees –

Please provide a completed Trust Information form (page 3 of this document) for each Trustee listed.

Each Trustee must also sign the signature page.

|           |  |
|-----------|--|
| Trustee 1 |  |
| Trustee 2 |  |
| Trustee 3 |  |
| Trustee 4 |  |

**AUTHORIZATION AND SIGNATURE**

USA PATRIOT Act Notice: To help the government fight money laundering and the funding of terrorism, federal law and contractual obligations between your Broker/Dealer and us require us to obtain your name, date of birth, address and a government-issued id number before opening your account, and to verify the information. In certain circumstances, we or your Broker/Dealer may obtain and verify comparable information for any person authorized to make transactions in an account or beneficial owners of certain entities. Further documentation is required for certain entities such as trusts, estates, corporations, partnerships and other organizations. Your account may be restricted if we cannot obtain and verify this information. We or your advisor will not be responsible for any losses or damages (including, but not limited to, lost opportunities) that may result if your account is restricted or closed.

In the section below, "MATC," "us," and "we" refer to Mid Atlantic Trust Company and its officers, directors, employees, agents, affiliates, shareholders, successors, assigns and representatives as the context may require; "you" refers to the account owner(s) indicated on the account form and any authorized individuals; "you" refers to all account owner(s), collectively and individually; "Advisor" refers to the representative managing your account.

By signing below, you certify that:

- 1) Every Trustee has signed below (or you are the sole Trustee, if applicable) and is authorized to make these statements.
- 2) The Trust has not been revoked, modified, or amended in any manner that would cause the statements contained in this Trust certification to be incorrect.
- 3) The Trust exists under all applicable laws.
- 4) You have the authority under the Trust and applicable law to enter into transactions, delegate trading authorization to the other authorized individuals, issue instructions on this account for, and at the risk of, the Trust, and agree that any transactions and instructions will be in full compliance with the Trust.
- 5) If allowed for by the provisions of the Trust, one or more of the Trustees listed on this form may in fact be a Power of Attorney (POA). The POA will be referred to as a Trustee throughout this document and will be subject to the same terms and conditions contained herein.
- 6) You authorize us to accept orders and other instructions for this account from any Trustee and/or any other authorized individual or entity. This includes the authority to deliver any or all assets in the account to any Trustee (personally or otherwise), or according to any Trustee's instructions. We, at our option and for our protection, may require approval of other Trustees before acting on any such order or instruction.
- 7) We are not responsible for any claim, loss, expense, or other liability for acting upon any instructions given by the Trustees and/or any other authorized individual or entity implementing any transactions.
- 8) We may verify all information provided in connection with this form and account, and may obtain credit or other financial responsibility reports with respect to the Trust, the Trustees, and any authorized individuals, and you have the express consent of all individuals who may be the subject of these reports. If requested in writing, we will provide the name and address of the credit reporting agency used.
- 9) You will inform us in writing of any change to these certifications (such as a change of Trustees).
- 10) Indemnify and hold harmless your advisor, MATC, their officers, directors, employees, agents, affiliates, shareholders, successors, assigns and representatives from any claims or losses that may occur as a result of this transaction.
- 11) Have established an account with MATC; and have appointed your advisor as your exclusive agent to act for and on your behalf with respect to all matters regarding your account with us, including the placing of securities purchase and sale orders, and to act in all respects in connection with such. Understand that we will look solely to your advisor and not you with respect to such orders or instructions.
- 12) Represent and warrant that if you have not checked the boxes for Affiliations and Corporate Control Status you are not associated with or employed by a stock exchange, the Financial Industry Regulatory Authority or a Broker/Dealer and that you are not a control person or affiliate of a public company under SEC Rule 144 (such as director, 10% shareholder, or a policy-making officer), or an immediate family or household member of such a person.
- 13) Warrant that this form has not been changed and is identical as originally set forth by us; understand that any alteration of the original form shall be null and void and you shall be bound by the terms of the original; acknowledge that your agreement with us maybe terminated if we have reasonable grounds to believe the form has been altered.

All Trustees must sign and date below. By signing below, the Trustee(s) hereby certify the information contained in this form is accurate and complete. If you are signing this form as a POA, you must submit a Power of Attorney Affidavit and Indemnification form, unless one is already on file for this account.

|  |             |
|--|-------------|
| <b>Print Trustee Name <i>First, M.I., Last</i></b> |             |
|  |             |
| <b>Trustee Signature</b>                           | <b>Date</b> |
|  |             |

|  |             |
|--|-------------|
| <b>Print Trustee Name <i>First, M.I., Last</i></b> |             |
|  |             |
| <b>Trustee Signature</b>                           | <b>Date</b> |
|  |             |

|  |             |
|--|-------------|
| <b>Print Trustee Name <i>First, M.I., Last</i></b> |             |
|  |             |
| <b>Trustee Signature</b>                           | <b>Date</b> |
|  |             |

|  |             |
|--|-------------|
| <b>Print Trustee Name <i>First, M.I., Last</i></b> |             |
|  |             |
| <b>Trustee Signature</b>                           | <b>Date</b> |
|  |             |

| Trustee Information Form           |                          |                              |                    |
|------------------------------------|--------------------------|------------------------------|--------------------|
| Entity Name                        |                          |                              |                    |
|                                    |                          |                              |                    |
| First Name                         | M.I.                     | Last Name                    |                    |
|                                    |                          |                              |                    |
| Social Security/Taxpayer ID Number | Date of Birth            | Phone Number                 | Email              |
|                                    |                          |                              |                    |
| Country of Citizenship             | Country of Tax Residence | State/Country of ID Issuance |                    |
|                                    |                          |                              |                    |
| Type of Government-Issued ID       | ID Number                | ID Issuance Date             | ID Expiration Date |
|                                    |                          |                              |                    |

| Legal Address (No PO Boxes): |       |     |         |
|------------------------------|-------|-----|---------|
| Street Address               |       |     |         |
|                              |       |     |         |
| City                         | State | Zip | Country |
|                              |       |     |         |

| Mailing Address (Complete only if different from Legal Address): |       |     |         |
|--|-------|-----|---------|
| Same as Legal Address  |       |     |         |
| Street Address   |       |     |         |
|  |       |     |         |
| City   | State | Zip | Country |
|  |       |     |         |

| Employer Information and Affiliations: |  |               |         |
|--|--|---------------|---------|
| Employed                               | Retired                                    | Not Employed  |         |
| Occupation                             | Income Source (if retired or not employed) | Employer Name |         |
|  |  |               |         |
| Address 1                              |  | Address 2     |         |
|  |  |               |         |
| City                                   | State                                      | Zip Code      | Country |
|  |  |               |         |

You are, or an immediate family/household member is, a senior foreign political figure.  
 You are, or an immediate family/household member is, a control person or affiliate of a publicly traded company under SEC Rule 144. This would include, but is not limited to, a director, 10% shareholder, policy-making officer, and members of the board of directors.

| Company Name | CUSIP or Symbol |
|--------------|-----------------|
|              |                 |

You are associated with, or employed by, a stock exchange or a member firm of an exchange or Financial Industry Regulatory Authority (FINRA), or a municipal securities dealer.  
 Same as employer above. *If different, please provide the information below.*

| Company Name |       |           |         |
|--------------|-------|-----------|---------|
|              |       |           |         |
| Address 1    |       | Address 2 |         |
|              |       |           |         |
| City         | State | Zip Code  | Country |
|              |       |           |         |

| Trustee Information Form           |                          |                              |                    |
|------------------------------------|--------------------------|------------------------------|--------------------|
| Entity Name                        |                          |                              |                    |
|                                    |                          |                              |                    |
| First Name                         | M.I.                     | Last Name                    |                    |
|                                    |                          |                              |                    |
| Social Security/Taxpayer ID Number | Date of Birth            | Phone Number                 | Email              |
|                                    |                          |                              |                    |
| Country of Citizenship             | Country of Tax Residence | State/Country of ID Issuance |                    |
|                                    |                          |                              |                    |
| Type of Government-Issued ID       | ID Number                | ID Issuance Date             | ID Expiration Date |
|                                    |                          |                              |                    |

| Legal Address (No PO Boxes): |       |     |         |
|------------------------------|-------|-----|---------|
| Street Address               |       |     |         |
|                              |       |     |         |
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|                              |       |     |         |

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| City   | State | Zip | Country |
|  |       |     |         |

| Employer Information and Affiliations: |  |               |         |
|--|--|---------------|---------|
| Employed                               | Retired                                    | Not Employed  |         |
| Occupation                             | Income Source (if retired or not employed) | Employer Name |         |
|  |  |               |         |
| Address 1                              |  | Address 2     |         |
|  |  |               |         |
| City                                   | State                                      | Zip Code      | Country |
|  |  |               |         |

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 You are, or an immediate family/household member is, a control person or affiliate of a publicly traded company under SEC Rule 144. This would include, but is not limited to, a director, 10% shareholder, policy-making officer, and members of the board of directors.

| Company Name | CUSIP or Symbol |
|--------------|-----------------|
|              |                 |

You are associated with, or employed by, a stock exchange or a member firm of an exchange or Financial Industry Regulatory Authority (FINRA), or a municipal securities dealer.  
 Same as employer above. *If different, please provide the information below.*

| Company Name |       |           |         |
|--------------|-------|-----------|---------|
|              |       |           |         |
| Address 1    |       | Address 2 |         |
|              |       |           |         |
| City         | State | Zip Code  | Country |
|              |       |           |         |