



# TRUSTEE CERTIFICATION IN LIEU OF TRUST DOCUMENT

DEVELOPMENT CORPORATION FOR ISRAEL · MEMBER FINRA

*Internal use only*

**Account No.:** \_\_\_\_\_

Notice to Trustee(s): You must read this certification carefully and confirm that it is consistent with the current terms of the Trust documents. Development Corporation for Israel ("DCI") may rely solely on the information provided in this Trust Certification to open and maintain an account for the Trust.

In consideration of DCI opening and/or maintaining an account for the Trust named below, I/we the undersigned Trustee(s) certify the following is true:

## TRUST INFORMATION

\_\_\_\_\_

FULL TITLE OF THE TRUST

\_\_\_\_\_

EFFECTIVE DATE OF THE TRUST

\_\_\_\_\_

DATE OF ANY AMENDMENTS OF THE TRUST

\_\_\_\_\_

ADDRESS OF THE TRUST

\_\_\_\_\_

CITY

\_\_\_\_\_

STATE

\_\_\_\_\_

ZIP

\_\_\_\_\_

TAX IDENTIFICATION (TIN) OF THE TRUST (IF THE TRUST IS REVOCABLE, THE GRANTOR'S SOCIAL SECURITY NUMBER MAY BE PROVIDED)

Trust is currently (check one):     revocable     irrevocable. If the trust is revocable, the following individual(s) has/have the power to revoke the trust:

\_\_\_\_\_

GRANTOR (ALSO KNOWN AS "SETTLOR," "TRUSTOR," OR "CREATOR") OF THE TRUST

\_\_\_\_\_

DATE OF BIRTH

\_\_\_\_\_

PHONE NUMBER

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

CITY

\_\_\_\_\_

STATE

\_\_\_\_\_

ZIP

## CURRENT TRUSTEE(S) OF THE TRUST

\_\_\_\_\_

TRUSTEE 1 (NAME)

\_\_\_\_\_

PHONE NUMBER

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

CITY

\_\_\_\_\_

STATE

\_\_\_\_\_

ZIP

TRUSTEE 2 (NAME)

PHONE NUMBER

ADDRESS

CITY

STATE

ZIP

NOTE: IF THE TRUST HAS MORE THAN TWO CURRENT TRUSTEES, THEN AN ADDITIONAL LIST SHOULD BE PROVIDED THAT CONTAINS THE CONTACT INFORMATION AND SIGNATURES FOR ALL TRUSTEES NOT IDENTIFIED ABOVE.

NAME OF SUCCESSOR TRUSTEE(S) (IF ANY)

NAME OF INDIVIDUAL THAT DCI MAY CONTACT IN THE EVENT A TRUSTEE RESIGNS, BECOMES INCAPACITATED OR DIES

PHONE NUMBER

ADDRESS

CITY

STATE

ZIP

SITUS OF THE TRUST: THE TRUST IS SUBJECT TO THE LAWS OF THE STATE OF \_\_\_\_\_

Signature of Trustees. If the Trust was formed in **California, Georgia, Idaho, Iowa, Missouri, Nebraska, Nevada, New Jersey, Oregon or Rhode Island**, then **all currently acting trustees must sign** this document. In all other states, only one trustee's signature is required, provided that the Trust documents permit co-trustees to each act individually. By signing below, you affirm that the trust documents contain such permission.

The Trustee(s) represent and certify that: (1) The Trust exists and is in full force and effect; (2) The Trust authorizes each Trustee to act individually without consent of the other Trustee(s); or the Trustees have consented to each Trustee acting individually and without consent of the other Trustee(s) and that such delegation of authority is expressly authorized by the Trust; or all Trustees have signed this document; (3) There is/are no Trustee(s) of the Trust other than those listed on this form or any attachments; (4) The Trustee(s) is/are authorized under the trust and applicable law to conduct business on accounts owned by the trust. DCI will have no responsibility to assure the proper application of trust funds by any trustee(s); (5) The Trustee(s) will promptly inform DCI of any changes in the information contained in this certification; (6) All representations made in this certification are true and correct to the best of the Trustee(s)'s knowledge and those representations will remain in full force and effect until DCI is notified through written revocation or amendment from the Trustee(s); (7) The Trustee(s) acknowledge(s) that DCI has not reviewed the Trust document, even if it has been provided with a copy of the Trust document, and understand(s) that DCI is relying on representations made in this Trustee Certification; (8) DCI at its sole discretion may request a partial or full copy of the Trust and amendments or clarification of the grantor(s) intent with regard to the Trust or require written consent of any or all Trustees prior to acting upon instructions of any Trustee; (9) The Trustee(s) authorize DCI to rely upon the authority of one or more successors to act without proof of their succession (10) The Trustee(s) shall indemnify and hold harmless DCI from and against all losses, claims, and expenses (including attorney's fees) of any kind incurred by relying in good faith upon this certification. This agreement to indemnify DCI shall survive termination of the Trust and closure of the account.

SIGNATURE OF TRUSTEE(S)

TRUSTEE 1

DATE

TRUSTEE 2

DATE

When **any** currently acting trustee is a resident of **Colorado, Idaho, Iowa, Michigan, Minnesota, Nebraska, Nevada, Rhode Island, South Dakota, Tennessee, Vermont, or West Virginia**, then all signatures of Trustees provided must be notarized below. Add additional sheets if more than two Trustees.

**TRUSTEE 1**

PLEASE NOTE THAT ALL FIELDS, INCLUDING THE BOXES BELOW, MUST BE COMPLETED BY THE NOTARY (OR THE DOCUMENT WILL NOT BE ACCEPTED)

Notary acknowledgement:

STATE OF \_\_\_\_\_ )

) SS.:

COUNTY OF \_\_\_\_\_ )

The foregoing instrument was acknowledged before me, as a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ by \_\_\_\_\_, the person whose name is subscribed within instruments and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person or entity upon which the person acted, executed the instrument.

Witness my hand and official seal.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
SEAL

\_\_\_\_\_  
PRINT NAME OF NOTARY PUBLIC

\_\_\_\_\_  
MY COMMISSION EXPIRES (MM/DD/YYYY)

**TRUSTEE 2**

PLEASE NOTE THAT ALL FIELDS, INCLUDING THE BOXES BELOW, MUST BE COMPLETED BY THE NOTARY (OR THE DOCUMENT WILL NOT BE ACCEPTED)

Notary acknowledgement:

STATE OF \_\_\_\_\_ )

) SS.:

COUNTY OF \_\_\_\_\_ )

The foregoing instrument was acknowledged before me, as a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ by \_\_\_\_\_, the person whose name is subscribed within instruments and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person or entity upon which the person acted, executed the instrument.

Witness my hand and official seal.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
SEAL

\_\_\_\_\_  
PRINT NAME OF NOTARY PUBLIC

\_\_\_\_\_  
MY COMMISSION EXPIRES (MM/DD/YYYY)