

Certification of Trust

The undersigned being of legal age thereby declare and certify under penalty of perjury as follows:

1. That the undersigned are all of the current trustees of the following described trust (the "Trust") and that the following information regarding said Trust is true and correct:

A. Name of Trust: _____

B. Date Trust was Executed: _____

C. SSN or EIN/TIN: _____

D. Name(s) of Trustor(s): _____

E. Name(s) of Trustee(s): _____

F. Name(s) of Successor Trustee(s): _____

G. Name(s) of Beneficiary(ies):

Name	Date of Birth	SSN (Required)
1.		
2.		
3.		
4.		

2. That the Trust is a (check one): revocable irrevocable trust. If revocable, the names of all persons who have any power to revoke, terminate or amend the Trust are:

3. That the Trustee(s) is/are authorized to transact business of any kind in connection with the Trust's accounts at the Credit Union.
4. That the Trust is in full force and effect and has not been revoked, terminated, or otherwise amended in any manner, which would cause the representations in this Certification to be incorrect.
5. That the Trustee(s) who sign below acting alone or jointly, is(are) authorized and empowered to transact business of any kind in connection with the Trust's accounts at the Credit Union. It is agreed that any transaction by the above named Trustee(s) acting alone or jointly shall be valid and discharge the Credit Union from any liability.

This Certification is being signed by all of the currently acting trustees and is made pursuant to California Probate Code Section 18100.5. Executed under penalty of perjury under laws of the State of _____, County of _____ on this _____ day of _____, 20_____.

Notary Required

Dated this _____ day of _____, 20_____.

(1) Trustee Signature _____ (2) Trustee Signature _____

Certification of Trust

Acknowledgment

A notary public or other officer completing this certificate verifies only the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____ County of _____

On _____ before me, _____ (insert name and title of officer) personally appeared name(s) _____ is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

Acknowledgement

A notary public or other officer completing this certificate verifies only the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____ County of _____

On _____ before me, _____ (insert name and title of officer) personally appeared name(s) _____ is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____