

**TRUSTEE CERTIFICATION OF INVESTMENT POWERS
(FOR NON-RETIREMENT TRUST ACCOUNTS)**

Account # _____

Advisor # _____

Case # _____

In consideration of your opening and/or maintaining one or more accounts for the Trust named below, I (we), the undersigned Trustee(s), certify to TD Ameritrade, Inc. ("you") that the following is true, under the penalties of perjury:

1	ACCOUNT INFORMATION
The Title of the Trust to Which This Certificate Applies:	
Effective Date of Trust:	Latest Date of Amendment or Restatement:
2	COLLECTIVE TRUSTEE VERIFICATION, ADDITION, OR REPLACEMENT
<input type="checkbox"/> There are no other trustees other than the undersigned. <input type="checkbox"/> Adding a Trustee* <small>*Please provide documentation appointing the new Trustee.</small> <input type="checkbox"/> Replacing a Trustee** <small>**Please provide a letter of resignation from Trustee and documentation appointing the new Trustee.</small>	
3	AUTHORIZATION TO ACT INDIVIDUALLY
<p>The Trust Agreement explicitly authorizes each of the following Trustees to act individually without the approval of the other Trustees. You have the authority to accept orders and other instructions relative to the Trust account from any of these Trustees, and they may execute any documents on behalf of the Trust that you may require.</p> <p><input type="checkbox"/> The Trust Agreement explicitly authorizes each Trustee to act individually without the approval of the other Trustees. You have the authority to accept orders and other instructions relative to the Trust account from any of the Trustees, and they may execute any documents on behalf of the Trust, which you may require.</p> <p><i>Please Note: Although the Trust Agreement may allow a Trustee to act individually, under certain circumstances, your policies may require that the written approval of all Co-Trustees be obtained.</i></p>	
4	AUTHORIZATION FOR PURCHASE AND SALE
<p>The undersigned Trustees certify that we have the power under the Trust Agreement to enter into transactions for the purchase and sale of securities and other investments, including, without limitation, stocks (preferred or common), bonds, mutual funds, and Certificates of Deposit.</p> <p>In addition to the foregoing powers, are the undersigned Trustees specifically authorized to:</p> <p>(I) maintain a Margin and Short Account and through such account to borrow money to purchase securities on margin, sell securities that the Trust does not own (i.e., short sales) and to borrow securities in connection therewith? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no box is checked, then it will default to No)</p> <p>(II) trade in options, including, without limitation, the purchase of puts and calls and the writing (sale) of covered and uncovered puts and calls? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no box is checked, then it will default to No)</p>	



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TRUSTEE INFORMATION

Name (First, Middle Initial, Last):		Social Security Number:	Date of Birth:
Home Street Address (no PO boxes):			
City:		State:	ZIP Code:
Mailing Address (if different from above):			
City:		State:	ZIP Code:
Primary Phone Number:	Secondary Phone Number:	Email Address:	
Please specify if you are: <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student Source of income (if retired or unemployed): _____			
Employer Name (if self-employed, please provide the name of your business and industry):		Occupation:	
Type of Business:			
Employer Street Address:			
City:		State:	ZIP Code:
Are you a U.S. citizen or a U.S. permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No. Country of citizenship: _____			
Non-U.S. citizens: Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> No. If you hold a current visa, specify visa type, passport #, and expiration date here:			
Visa type: _____ Passport #: _____ Expiration Date: _____			
<i>(Nonresident aliens must submit Form W-8BEN and a copy of their current passport. If a U.S. address is listed, then attach a signed letter of instruction explaining why you have a U.S. address.)</i>			
<input type="checkbox"/> Check here if you, a member of your immediate family, or any business associate is a senior political figure (SPF). Specify the name of the SPF, political title, relationship, and country of office: _____			
<input type="checkbox"/> Check here if you are a director, 10% shareholder, or policy-making officer of a publicly traded company. Specify the company name, address, city, and state: _____			
<input type="checkbox"/> Check here if you are licensed or employed by a registered broker/dealer, securities exchange or member of a securities exchange. Specify the company name and include a compliance letter: _____			

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CO-TRUSTEE INFORMATION

Name (First, Middle Initial, Last):		Social Security Number:	Date of Birth:
Home Street Address (no PO boxes):			
City:		State:	ZIP Code:
Mailing Address (if different from above):			
City:		State:	ZIP Code:
Primary Phone Number:	Secondary Phone Number:	Email Address:	
Please specify if you are: <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student Source of income (if retired or unemployed): _____			
Employer Name (if self-employed, please provide the name of your business and industry):		Occupation:	
Type of Business:			
Employer Street Address:			
City:		State:	ZIP Code:
Are you a U.S. citizen or a U.S. permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No. Country of citizenship: _____			
Non-U.S. citizens: Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> No. If you hold a current visa, specify visa type, passport #, and expiration date here:			
Visa type: _____ Passport #: _____ Expiration Date: _____			
<i>(Nonresident aliens must submit Form W-8BEN and a copy of their current passport. If a U.S. address is listed, then attach a signed letter of instruction explaining why you have a U.S. address.)</i>			

6 CO-TRUSTEE INFORMATION (continued)

Check here if you, a member of your immediate family, or any business associate is a senior political figure (SPF). Specify the name of the SPF, political title, relationship, and country of office:

Check here if you are a director, 10% shareholder, or policy-making officer of a publicly traded company. Specify the company name, address, city, and state:

Check here if you are licensed or employed by a registered broker/dealer, securities exchange or member of a securities exchange. Specify the company name and include a compliance letter:

7 AGREEMENT - BY SIGNING THIS, I ACKNOWLEDGE THAT:

Under penalties of perjury, I certify (1) that the Social Security number shown on this form is my correct taxpayer identification number, (2) that I am not subject to backup withholding, and (3) that I am a U.S. person (including a resident alien); provided, however, if I am a nonresident alien as disclosed in this application, I do not certify that I am a U.S. person, and I understand that I must submit a Form W-8BEN. If I have been notified by the IRS that I am subject to backup withholding as a result of dividend or interest underreporting, I must cross out (2) in this certification.

I acknowledge that I have received and read the Client Agreement, available at www.advisorclient.com or by calling 800-431-3500, that will govern my account. I agree to be bound by the Client Agreement, which may be amended from time to time and which is incorporated by this reference. I release and agree to indemnify and hold harmless TD Ameritrade Institutional from any and all liability and claims for damages resulting from any action taken pursuant to this Agreement. By my signature below, I attest that I am of legal age to contract and that the information contained in this application is true and correct. I hereby request, subject to acceptance by TD Ameritrade Institutional, an account be opened in the name of the Trust as indicated in Section 1.

If I have requested an options account, I agree to abide by the rules of the listed options exchanges and the Options Clearing Corporation and will not violate current position and exercise limits. I agree to be bound by the Client Agreement and any supplemental options agreements that will govern my account applicable to the trading of options contracts. I am aware of the risks involved in options trading and represent that I am financially able to bear such risks and withstand options-trading losses.

All securities, dividends and proceeds will be held at TD Ameritrade Clearing, Inc. (the "Clearing Firm"), unless otherwise instructed.

I understand that TD Ameritrade Institutional may obtain a current consumer or credit report to determine my eligibility, or continuing eligibility, for credit or for other legitimate business purposes. Any decision by TD Ameritrade Institutional to extend credit may be based on information contained in a consumer or credit report, as well as the policies of TD Ameritrade Institutional and the Clearing Firm.

I understand that TD Ameritrade Institutional may relate information regarding this account, including account delinquency and voluntary closures, to consumer or credit reporting agencies. Upon my request, TD Ameritrade Institutional shall inform me of each consumer or credit reporting agency from which they have obtained and/or reported my consumer or credit report. TD Ameritrade Institutional agrees to notify the consumer or credit reporting agencies if I dispute the completeness or accuracy of the information furnished by TD Ameritrade Institutional. By my signature below, I authorize TD Ameritrade Institutional to obtain consumer or credit reports for the name(s) set forth below.

Unless specified otherwise, I understand that non-deposit investments purchased through TD Ameritrade Institutional are not insured by the Federal Deposit Insurance Corporation (FDIC), are not obligations of or guaranteed by any financial institution and are subject to investment risk and loss that may exceed the principal invested.

Important information about procedures for opening a new account: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also utilize a third-party information provider for verification purposes and/or ask for a copy of your driver's license or other identifying documents.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Successors and Heirs. This Authorization supplements and in no way limits or restricts rights that TD Ameritrade Institutional and the Clearing Firm may have under any other agreement with me. This Authorization will bind my heirs, executors, administrators, successors and assigns and will benefit TD Ameritrade Institutional and the Clearing Firm's successors and assigns.

The Client Agreement applicable to this brokerage account agreement contains predispute arbitration clauses. By signing this agreement, the parties agree to be bound by the terms of the agreement, including the arbitration agreement located in Section 12 of the Client Agreement.

8 TRUSTEE(S)' SIGNATURE(S)

The undersigned Trustees jointly and severally indemnify you and hold you harmless from any liability (including attorneys' fees) arising out of or related to any actual or alleged improper or unsuitable actions resulting from instructions given by any of us to you. This indemnification is made by us both in our capacities as Trustees and in our individual capacities. We agree to inform you, in writing, of any amendment to the Trust, any change in the composition of the Trustees or any other event that could alter the certifications made above. We acknowledge your right to examine the Trust Agreement and hereby agree to provide you with a copy of the Trust Agreement if so requested in writing. (Where applicable, plural references in this certification shall be deemed singular.) All Trustees must sign.

Trustee's Printed Name: _____ Signature: _____ Date: _____

Trustee's Printed Name: _____ Signature: _____ Date: _____

Trustee's Printed Name: _____ Signature: _____ Date: _____

Trustee's Printed Name: _____ Signature: _____ Date: _____

TD Ameritrade Institutional
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Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value