

Instructions: Submit this form in lieu of an actual copy of the trust document when establishing a trust account with LPL Financial Corporation. In some cases, it may be necessary to provide a full copy of the plan or trust document to facilitate a transfer of securities. All trustees must sign in Section IV.

If this form is being used to open an advisory account, and the trust is a qualified plan or trust, please attach a copy of the section of the trust that covers proxy issues. This is normally found under trustee powers.

Fax the completed form to Brokerage New Accounts at (858) 546-0874 or Advisory New Accounts at (858) 455-0970.

Account Number	Rep ID
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Section I: Trust Information

1.	<p>Please provide the complete title of the Trust to which this Certification applies:</p> <input style="width:95%; height: 20px;" type="text"/> <input style="width:95%; height: 20px;" type="text"/> <p>If this is a participant directed Self Sponsored Qualified Plan, please provide the name of the participant (FBO):</p> <input style="width:95%; height: 20px;" type="text"/> <p>This Trust was established by:</p> <p><input type="radio"/> Agreement, Dated <input style="width:150px; height: 20px;" type="text"/> <small>MM / DD / YYYY</small></p> <p><input type="radio"/> Will, Date of Death <input style="width:150px; height: 20px;" type="text"/> <small>MM / DD / YYYY</small></p> <p>Date on which this Trust was last amended (if applicable)</p> <input style="width:150px; height: 20px;" type="text"/> <small>MM / DD / YYYY</small>
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2.	<p>For Non-Qualified Trusts, complete the following:</p> <p>Grantor/Decedent <input style="width:350px; height: 20px;" type="text"/> Grantor <input style="width:350px; height: 20px;" type="text"/></p> <p>Grantor <input style="width:350px; height: 20px;" type="text"/> Grantor <input style="width:350px; height: 20px;" type="text"/></p> <p>This Trust is: <input type="radio"/> Revocable <input type="radio"/> Irrevocable</p> <p>For Qualified Plans or Trusts, complete the following:</p> <p>Employer Name</p> <input style="width:95%; height: 20px;" type="text"/>
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Section II: Trustee Information

	<p>Current Trustee(s):</p> <p>1. <input style="width:350px; height: 20px;" type="text"/> 3. <input style="width:350px; height: 20px;" type="text"/></p> <p>2. <input style="width:350px; height: 20px;" type="text"/> 4. <input style="width:350px; height: 20px;" type="text"/></p> <p>Successor Trustee(s) (please list in order of succession):</p> <p>1. <input style="width:350px; height: 20px;" type="text"/> 3. <input style="width:350px; height: 20px;" type="text"/></p> <p>2. <input style="width:350px; height: 20px;" type="text"/> 4. <input style="width:350px; height: 20px;" type="text"/></p> <p>If the Trust provides for less than the unanimous consent among the Trustee(s) to establish an account with respect to Trust assets, please indicate the minimum number of consenting Trustee(s) required to sign any document to bind the Trust.</p> <p>Minimum number of Trustees required to sign any documents on behalf of trust: <input style="width:80px; height: 20px;" type="text"/></p>
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Section III: Beneficial Owner Information

Please provide the names of all beneficial owners of the Trust (if applicable).
Note: At a minimum, the birth date of the oldest beneficial owner is required.

Beneficial Owner <input type="text"/>	Birth Date <input type="text"/> MM / DD / YYYY
Beneficial Owner <input type="text"/>	Birth Date <input type="text"/> MM / DD / YYYY
Beneficial Owner <input type="text"/>	Birth Date <input type="text"/> MM / DD / YYYY
Beneficial Owner <input type="text"/>	Birth Date <input type="text"/> MM / DD / YYYY

Section IV: Certification

To: LPL Financial Corporation, 9785 Towne Centre Drive, San Diego, California, 92121

I/We, the Trustee(s), acknowledge that I/we have received and reviewed thoroughly all account documentation, agreements and risk disclosure forms.

I/We, the Trustee(s), hereby certify that I/we have the power under the Trust and applicable law to (1) open all types of accounts, (2) invest, reinvest and enter into transactions, both purchases and sales, in all types of securities unless noted below, and (3) appoint LPL Financial Corporation as Investment Adviser, pay the adviser reasonable compensation and give such adviser discretionary powers to invest Trust assets as agreed to in writing.

Please specify the types of securities not permitted in this Trust:

I/We, the Trustee(s), jointly and severally agree to indemnify and hold harmless LPL Financial Corporation, its agents and employees, from any liability that may result from relying on this Certification when opening accounts or effecting transactions of the type specified above, pursuant to instructions given by any of the Trustee(s) listed in Section II.

I/We, the Trustee(s), agree to at all times retain the sole power to vote any corporate stock by proxy, to execute general or unrestricted proxies as to one or more nominees, and to exercise any options or rights issued in connection with bonds or stocks as held as part of the Trust property unless otherwise agreed in writing by all parties. **(Note: If this Certification of Trust is being used to open an advisory account, and the Trust is a Qualified Plan or Trust, please attach a copy of the section of the Trust that covers proxy issues. This is normally found under Trustee Powers.)**

I/We certify that each Fiduciary of the Plan or Trust described herein, and each person who handles funds or other property of the Plan or Trust, shall be bonded as provided in ERISA Section 412 and the regulations thereunder. No further bonding shall be required other than as described by ERISA Section 412.

I/We, the Trustee(s), certify that this Trust is still in full force and effect as of the date signed below.

In consideration of your accepting one or more Trust accounts, the undersigned Trustee(s), jointly and severally, warrant and agree that all of the information contained in this Certification is accurate and correctly details the terms of the Trust defined above. This indemnification shall survive termination of the Trust or of the account(s). I/We further warrant and agree that this Certification shall remain in full force and effect until such time as you are notified in writing of any change in the information or authority contained herein. I/We hereby certify that the above information is correct and that the undersigned are all current Trustees. I/We further certify that this Certification represents an amendment to the original Trust document or that we have taken all actions necessary to so amend the original Trust document to conform with this Certification. **Please note: All current trustees must sign this document.**

Trustee's Signature	Date	Trustee's Signature	Date
Trustee's Signature	Date	Trustee's Signature	Date