

# TRUSTEE CERTIFICATION

1. The full title of the Trust:

\_\_\_\_\_;

2. Date of Trust Formation:

\_\_\_\_\_;

3. Date of last Trust Amendment (if applicable)

\_\_\_\_\_;

4. The names of the Successor Trustees, if any, are:

\_\_\_\_\_;

5. The Grantors (creator) of the Trust \_\_\_\_\_.

The following Individuals are authorized to place orders and provide other instructions to Straits, including check-signing and withdrawal privileges unless their authority is expressly limited on this certification.

Name	Relationship to the Trust (if not Trustee)
_____	_____
_____	_____
_____	_____
_____	_____

**TRUSTEES CERTIFY THE FOLLOWING:**

- a. The trust authorizes each of the Trustees to act individually.
- b. Trustees have the power under the Trust Agreement and applicable law to enter into transactions, both purchases and sales, of the types specified below: (Check types of trading which are permitted)

Futures  Options  Both  Other

- c. Trustee(s), jointly and severally, personally and as Trustees, indemnify Straits Financial LLC ("Straits") and hold Straits harmless from any liability for affecting transactions of the types specified above if Straits acts pursuant to instructions given by any of the authorized individuals listed below.
- d. In the event of the death or legal incapacity of any of the Trustees, the survivor(s) shall immediately notify Straits.

- d. Trustee(s) agree to inform you in writing of any amendment to the Trust, any change in the composition of the Trustees, or any other event which could materially alter the certifications made above.
- e. The undersigned includes all Trustees:

**Signature 1**

Trustee Names (Please Print)	Date
Address	City
State	Zip Code

**Signature 2**

Trustee Names (Please Print)	Date
Address	City
State	Zip Code

**Signature 3**

Trustee Names (Please Print)	Date
Address	City
State	Zip Code

**Signature 4**

Trustee Names (Please Print)	Date
Address	City
State	Zip Code