

Policy # \_\_\_\_\_ Insured \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, A.D, the undersigned trustee(s) certify as follows:

1. That \_\_\_\_\_ (insert **legal name and date of trust**) is in existence as a trust.
2. That the following are the names and addresses of **all** of the current trustees of said trust:

Name of Current Trustee(s)	Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. That, pursuant to the terms of the trust document and applicable law, action to be taken on behalf of the trust:  
[check one]  
 Must be taken by all trustees.  
 May be taken by one trustee acting alone.  
 Must be taken by \_\_\_\_\_ [i.e. "at least two trustees"].
4. That the Taxpayer Identification Number for the Trust is: \_\_\_\_\_
5. That the undersigned trustee(s), constituting all of the currently acting trustees of the trust, hereby certify that the information provided in the "Trust In