

For Office Use Only:	Trustee certification ap	olicable to account numbe	r(s):		
As Trustee(s) of the "Trust" referenced below, TIAA Trust, N.A. ("TIAA Trust") requests that you complete and submit this Trustee certification to certify the identity of all of the persons currently serving as Trustee of the Trust, as well as certain powers granted to the Trustees under the Trust agreement. To be accepted, this form must be completed in its entirety, and ALL currently serving TRUSTEES must sign below. We reserve the right to refuse to open or delay the opening of an account(s) for the Trust until all information requested below has been provided.					
I. TRUST INFORM	IATION:				
Name of Trust:	("Trust")				
Name of Trustee(s)	:				
Trustee(s) Residen	ce Address:				
Street					
City  ——/ Date of T	/	State  ust Federal Tax ID Numbe	Gov	Zip Code verning Laws of the Trust	
Date of 1	iust ii	ust rederal lax ib Numbe	T GOV	erning Laws of the frust	
Name of Grantor of	Trust			TIN or SSN of Grantor	
Grantor is:	Living:	Deceased:	Grantor's Date of I	Death:/)	
Name(s) of Joint Gra	antor of Trust ( <i>if any</i> )		TIN	or SSN of Joint Grantor	
Joint Grantor is:	Living: [	Deceased: Joint G	rantor's Date of De	eath:/	
Trust is: (check all o	f the boxes that apply)				
Revocable:	Irrevocable:	Testame	entary:	Charitable:	
For Testamentary Ti	rusts:				
Decedent's Na	me Decedent's	Date of Death Da	// te of Last Will	Section of Last Will where Trust is Established	

**Sole Trustee Account** 

All such actions to be taken by sole Trustee

### **II. TRUSTEES:**

Please provide the following information for each Trustee currently serving. (Attach additional sheets if more than three (3) Trustees are currently serving, and indicate here the number of attached sheets:

First Trustee: Full Legal Name:			
Address:			
City:	State:		Zip Code:
Phone Number:		Email:	
Date of Birth:			
Social Security Number:			
Second Trustee: Full Legal Name:			
Address:			
City:	State:		Zip Code:
Phone Number:		Email:	
Date of Birth:			
Social Security Number:			
Third Trustee: Full Legal Name:			
Address:			
City:	State:		Zip Code:
Phone Number:		Email:	
Date of Birth:			
Social Security Number:			
III. TRUSTEE'S(S') AUTHOR	RITY: (Please check th	e appropriate box)	:
terminate the account agreem	nent with respect to its ons to TIAA Trust, and o	accounts with TIAA T otherwise deal in any	s(s') authority to enter into, amend or rust to which this Certification applies manner with the assets in the Accounts,

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IV. CERTIFICATIONS: (TIAA Trust will not review and interpret Trust documents on your behalf—if you need assistance, please consult legal counsel to answer questions on your authority as trustee and this Certification).

In consideration for TIAA Trust opening and maintaining the Account(s) for the Trust, by signing this Certification, each undersigned Trustee certifies that, as of the date of such Trustee's signature, each of the following statements is true and correct:

- The Trust is valid and in full force and effect. The Trustees named above are all of the Trustees now serving as Trustee of the Trust, and there are no other Trustees serving as such for the Trust.
- The Trustees have power under the Trust agreement, on behalf of the Trust, to enter into and sign agreements and related documents including, without limitation, this Certification, investment management agreements, investment advisory agreements, and custody agreements, to provide instructions and directions to TIAA Trust, and to perform the obligations contemplated by the terms of such documents, including by purchase, sale, exchange, transfer and redemption of mutual funds and stocks, bonds and other securities, or otherwise, and to perform all other actions necessary or desirable thereunder.
- The Trustees will promptly notify TIAA Trust, in writing, of any amendment to the Trust agreement, any change in the identity of the Trustees now serving, or any other change to any of the information provided in this Certification, and will provide to TIAA Trust revised information. Until TIAA Trust receives, and has a reasonable opportunity to act upon, any such revised information, TIAA Trust will not be responsible for relying on the information provided in this Certification. In the event of a Trustee's death or incapacity, TIAA Trust reserves the right to suspend further transactions in the Account(s) until the authority of a successor(s) to the deceased or incapacitated Trustee has been satisfactorily established, in TIAA Trust's discretion.
- Each Trustee acknowledges that TIAA Trust is relying, and is authorized to rely, on the representations made in this Certification and not upon the review of the Trust agreement, as the same may be amended, even if the Trust agreement has been or is later provided to TIAA Trust. All instructions given and actions taken by the Trustees are in full compliance with the terms of the Trust agreement, and may be relied upon by TIAA Trust to the fullest extent.
- This Certification is binding on, and inures to the benefit of, each of the Trustees, their respective successors, and the Trust beneficiaries, TIAA Trust and its successors, assigns and affiliates.

- This Certification supersedes any prior Certification, documents, or other similar information, verbal or written, provided to TIAA Trust regarding the Trust and the Trustee's(s') authority thereunder.
- Each Trustee individually and as Trustee of the Trust and on behalf of its beneficiaries, agrees to jointly and severally release, indemnify and hold TIAA Trust and its affiliates, and their respective trustees, officers, directors, shareholders, employees and agents, harmless from and against all losses, claims and expenses (including reasonable attorneys' fees and expert costs) of any kind, liquidated or unliquidated, known or unknown, at law or in equity, which TIAA Trust may incur as a result of its reliance upon the representations made, or any instructions provided to TIAA Trust by the Trustees identified, in this Certification. This indemnification will survive the termination of this Certification or any Trust Account with TIAA Trust.

#### IMPORTANT INFORMATION

To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires all financial institutions, including TIAA Trust, to obtain, verify, and record information that identifies each person who claims a control interest in an account. Therefore, we will ask for your name, street address, date of birth and Taxpayer Identification Number or other information that will allow us to identify you. We may also request a copy of your non-expired driver's license, passport or other identifying documents. Until you provide this information, we may not be able to effect any transactions for you. Thank you. We appreciate your cooperation.

**ALL CURRENTLY SERVING TRUSTEES** of the Trust must sign and date this Certification. (Attach additional sheets if additional signatures are required, and indicate here the number of attached sheets:

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PLEASE PROVIDE A COPY OF THE FOLLOWING PAGES FROM THE TRUST DOCUMENT: FIRST PAGE, SIGNATURE PAGE, AND APPOINTMENT OF TRUSTEES PAGE.

Print Trustee's Name	_
	_ Dated:
Trustee Signature	
	_
Print Trustee's Name	
	_ Dated:
Trustee Signature	
	_
Print Trustee's Name	
	_ Dated:
Trustee Signature	

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