

Certification of Trust

Trust Information

Trust Name		Date of Execution	
Settlor Name(s)		Trust Tax ID Number	
Trustee Name(s)			
Mailing Address	City	State	ZIP
First Successor Trustee Name			
Second Successor Trustee Name			
The above trust is (choose one):		<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	
The above trust (choose one):		<input type="checkbox"/> Can be modified or amended <input type="checkbox"/> Cannot be modified or amended	

If revocable or subject to modification or amendment, state by whom: _____

Number of signatures required to exercise trust powers if multiple current acting trustees (choose one):

☐ All ☐ One ☐ A Majority Other _____

The above trust is in existence at this time and has not been revoked, modified or amended in any manner that would cause the representations contained in this certification to be incorrect. The trust powers include at least all of those trust powers contained in the Uniform Trustees Powers Act set forth in ORS 128.003 to 128.045.

Title to Trust assets should be taken as follows: _____

Trustee Signatures

Signature of Trustee	Date
Signature of Co-Trustee	Date

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Notary Information

State of: _____ County of: _____

Personally appeared the above named person(s) and acknowledged the Certification before me this _____ day of _____, 20 _____.

Notary Signature

Date

My commission expires: _____

[NOTARY SEAL HERE]

Submitting Your Form

To submit your completed form, send a scanned PDF (or similar format) to investment@genfi.com or mail/fax the document(s) to the address/fax number at the bottom of page 1.

