Delaware Clearing Service

3601 N. Market Street Wilmington, Delaware 19802 FOR INTERNAL USE ONLY

DATE RECEIVED:

DATE RECORDED:

DATE CONFIRMED: INITIALS:

CERTIFICATION OF TRUST

In consideration of Delaware Clearing Service agreeing to open and carry the trust account identified below, the undersigned trustee(s) certify, represent and warrant

o Delaware Clearing Service that the trust described below is in full force and effect, and that the following information is true and complete.				
1. TRUST INFORMATION				
TITLE OF TRUST:		NAME OF TRUSTOR(S)/GRANTOR(S)/SETTLOR(S):		
DATE OF FORMATION OF TRUST:		TAX IDENTIFICATION NUMBER:		
2. TRUSTEE INFORMATION				
NAME OF TRUSTEE(S)	RESIDENTIAL ADDRESS	TELEPHONE NUMBER	SOCIAL SECURITY #	<u>DATE OF BIRTH</u>
THE TRUST DESIGNATES SUCCESSOR	TRUSTEES:	IN THE SPACE BELOW) 🗆 NO		
1	2	3	4	
3. TRUSTEE CERTIFICATION				
THE UNDERSIGNED TRUSTEE(S) HE	REBY CERTIFY TO DELAWARE CLEARING	ГНАТ :		DATE OF BIRTH
•	er under the Trust Agreement and applicat aring Account Agreement and the Fully Dis		9	Service will perform pursuant
■ The Trust's pu	rchase and sale of precious metals bullion	products		

- Delaware Clearing Service's custody of the Trust's bullion and/or funds
- Delivery of the Trust's bullion and/or funds from or to the Trust
- Transfer of bullion and/or funds from or to the Trust
- Changes to the Trust's account information
- Execution of documents and/or giving any instructions necessary for Delaware Clearing Service to perform the above transactions.
- The Trustee(s) signing this Certification of Trust is the only Trustee(s) of the Trust.
- Any one Trustee is authorized to act on behalf of the Trust, without the approval or consent of the other Trustee(s).
- The Trust has not been revoked, modified, or amended in any manner inconsistent with the information contained herein.
- The Trustee shall promptly notify Delaware Clearing Service if the Trust is revoked, modified, or amended in any manner, and there shall be a continuing duty on the part of the Trustee(s) to update this Certification if any of the representations made herein become inaccurate or incomplete.
- Delaware Clearing Service, FideliTrade Incorporated, its affiliates, and their officers, employees, and agents shall be defended, indemnified, and held harmless by the Trustee(s), jointly and severally, from and against any claim, loss, expense, or other liability for acting upon the instructions of any Trustee.

. TRUSTEE SIGNATURE					
X		X			
TRUSTEE'S SIGNATURE	DATE	TRUSTEE'S SIGNATURE	DATE		
PRINTED NAME		PRINTED NAME			
STATE OF)	STATE OF)		
COUNTY OF)ss:)	COUNTY OF)ss:)		
On this day of20		On this day of20			
personally appeared	known or,	personally appeared	,known or		
identified to me (or satisfactorily proven) to	be the person whose name is subscribed	identified to me (or satisfactorily proven) to be	the person whose name is subscribe		
to the within instrument, and acknowledged	that he/she executed the same for the	to the within instrument, and acknowledged that	at he/she executed the same for the		
purposes therein contained. IN TESTIMONY N	WHEREOF, I have hereunto set my hand	purposes therein contained. IN TESTIMONY WH	EREOF, I have hereunto set my hand		
and official seal.	NOTARY SEAL	and official seal.	NOTARY SEAL		
			<u></u>		
Signature of Notary		Signature of Notary			
My Commission Expires:		My Commission Expires:			