

Thank you for your interest in converting the title on your existing PurePoint Financial account into the name of your personal trust. In order to update your account, please complete this Trust Certification packet in its entirety and return it to the address below.

Page 1: Basic Trust Information

Line 2 - Legal name of the Trust. Trusts with legal names that exceed 80 characters, including spaces, are not currently supported.

Line 3 - The date and in which state the Trust was established and (if any) dates amended.

Line 4 - Select if the Trust is Revocable or Irrevocable. If the Trust is Revocable, insert the names of the individual(s) with the power to revoke the Trust.

Line 5 - Names of the Trust creators, commonly known as the Grantors or Trustors of the Trust.

Line 6 - Names and physical addresses of ALL of the current acting Trustees of the Trust. Trusts with greater than 4 Trustees are not currently supported.

Line 7 - Enter in the names and physical addresses of the Successor Trustee(s).

Line 8 - Tax ID number to be used for the Trust. One Trustee must complete the W-9 certification on behalf of the trust.

Page 2: Signatures and Current Account Information Agreed and Certified to by - This section must be signed by ALL current acting Trustees.

Trust Contact Information - Phone number and email address associated with the Trust.

Current Account Owners - Select the account type; insert the account number; include names of current account owners for each account being converted. Account titling must match across all accounts being converted. Signatures from ALL current account owners are required in this section.

Page 3: Notarized Signatures. A notary is required for all Trust types. Upon receipt of this Trust Certification, we will notify you by mail, if additional information is needed. If nothing further is needed, you will receive an alert confirming the account titling has been updated

What do I send and where?:

Please mail the completed PurePoint Financial Trust Certification form(s) to:

PurePoint Financial
Attention: Account Maintenance
1101 W Washington St, Ste 200
Tempe, AZ 85281

How can I contact PurePoint Financial?:

1-833-787-3764 (toll-free)
Call Monday – Friday, 9:00 a.m. – 7:00
p.m. Eastern Time (except federal holidays)

Each of us (the "Trustee(s)") declares under penalty of perjury and certifies that the following is true and correct regarding the Trust described and defined below. This certification is provided to PurePoint® Financial, a division of MUFG Union Bank, N.A. (hereinafter, the "Bank").

1. Each of us is/are the current Trustee(s) of the Trust.

2. The legal name of the trust ("Trust") is:

Trusts with legal names that exceed 80 characters, including spaces, are not currently supported.

3. The Trust exists and the date the trust instrument was executed, which created the Trust, is: _____ .

Date amended _____ The Trust was established under the laws of the State of _____ .

4. The Trust is in full force and effect and has not been revoked, terminated, or otherwise amended in any manner that would cause the representations in this Certification to be incorrect. The Trust is:

IMPORTANT - Check the status box that applies to the Trust: Revocable Irrevocable

If the trust may be amended or revoked, the following individuals have the right to amend or revoke the Trust:

5. The Grantor(s)/Settlor(s) ("Trustor(s)") of the Trust are:

Name: _____

Name: _____

6. The Trustee(s) is/are:

Name: _____

Name: _____

Physical Address: _____

Physical Address: _____

Name: _____

Name: _____

Physical Address: _____

Physical Address: _____

7. The Successor Trustee(s) is/are:

Name: _____

Name: _____

Physical Address: _____

Physical Address: _____

8. The taxpayer identification number of the Trust is _____.

(The W-9 Certification section must be completed in the name of the Trust for all requests. If the Grantors/Trustors, Trustees, and Account Owners all match, the SSN of a Grantor/Trustor may be considered; otherwise, an assigned TIN is required)

W-9 Certification

Under penalties of perjury, I certify that:

- The number shown on page number one of this Trust Certification is the Trust's correct taxpayer identification number; and
- The Trust is not subject to backup withholding because; (a) the Trust is exempt from backup withholding, or (b) the Trust has not been notified by the IRS that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Trust that it is no longer subject to backup withholding; and
- The Trust is a U.S. person (defined in the instructions to IRS form W-9, available upon request); and
- The FATCA code(s) entered on this form (if any) indicating that the trust is exempt from FATCA reporting is correct.

Certification Instructions: You must not sign below if you have been notified by the Internal Revenue Service (IRS) that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

*Signature: _____

*Date: _____

9. Each Trustee has the power to: (i) open, transact on withdraw from, deposit to, and close any type of bank account, regardless of whether such bank account bears interest, for the Trust; (ii) enter into banking transactions with the Bank, execute related banking transaction documents and pay related banking fees, interest, charges and commissions on behalf of the Trust; and (iii) enter into an electronic fund transfer or payment order agreement in the name of the Trust and/or initiate and confirm the execution of an electronic fund transfer or payment order delivered to the Bank in the name of the Trust.

10. If a bank account is managed by two Trustees then each Trustee authorizes the other Trustee to act individually without the consent of the other Trustee, and such delegation of authority to each Trustee is expressly authorized by the Trust. Further, each Trustee may, individually and without the consent of any other Trustee, do the following: (i) withdraw or transfer the balance of a bank account held in the name of the Trust; (ii) make deposits, close or pledge the bank account of the Trust to the Bank as collateral for a debt owed to the Bank; and (iii) endorse and deposit checks payable to either Trustee or the Trust.

11. Each Trustee also agrees that he/she, and not the Bank, owes a fiduciary responsibility to the Trust and shall manage each account in accordance with the terms of the account, the terms of the Trust, and any applicable laws, each as may be amended from time to time.

12. The Trust is in full force and has not been revoked, modified, or amended in any manner which would cause the representations contained in this Trust Certification to be incorrect.

13. The Bank may rely on this Trust Certification until the Bank receives a new Trust Certification, executed by all of the then-serving Trustees, in which case the new Trust Certification will supersede all prior dated Trust Certifications. Each Trustee will provide reasonable advance notice to the Bank of any amendments made to the Trust, any change in Trustee, or any other event that might affect any right, duty or authorization of any person, including the Bank, with respect to the Trust.

14. The signature(s) immediately below represent all of the current acting Trustees who are required to sign this Trust Certification.

15. By signing below, each Trustee ratifies the PurePoint Financial deposit account terms, conditions and disclosures applicable to the Accounts, as previously agreed to by the Account Owners. Further, each Trustee acknowledges and agrees to the continued applicability of the terms, conditions and disclosures to the PurePoint Financial Trust Accounts going forward. Agreed and Certified to by:

Printed Name: _____

Printed Name: _____

Signature: _____, Trustee

Signature: _____, Trustee

Date: _____

Date: _____

Printed Name: _____

Printed Name: _____

Signature: _____, Trustee

Signature: _____, Trustee

Date: _____

Date: _____

Trust Contact Information: The email address and phone number listed below are valid for communication regarding the Trust referenced on page one of this Trust Certification.

Phone Number: _____

Home
Cell

Email Address: _____

Current Account Owner(s):

Title the following Accounts in the name of the Trust:

Account Type	Account Number	Currently held in the name(s) of:
<input type="checkbox"/> Savings <input type="checkbox"/> Certificate of Deposit	_____	_____
<input type="checkbox"/> Savings <input type="checkbox"/> Certificate of Deposit	_____	_____
<input type="checkbox"/> Savings <input type="checkbox"/> Certificate of Deposit	_____	_____

As part of our commitment to provide you with a safe and secure banking environment, these questions help us in serving your needs while also maintaining regulatory obligations, specifically, our obligation to comply with USA Patriot Act due diligence.

1. What is the purpose of the account(s)? (Please select all that apply):

- General Savings
- Dream Vacation
- College Fund
- Retirement
- Purchasing a Home
- Other (Please Describe:)

2. What is your source(s) of income? (Please select all that apply):

- Current Employment Income
- Inheritance / Trust Income
- Savings / investments Income
- 401K / Pension / Thrift Savings Plan (TSP) Income
- Social Security Income
- Other (Please Describe:)

TRUST CLIENTS:

A notary is required upfront. Upon receipt of this Trust Certification we will notify you (within 3 business days) if any additional documentation required to complete your trust account conversion. If nothing further is needed you will receive a notice indicating your account titling has been updated as you instructed.

A notary public completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____)

County of _____)

On _____ before me, _____ (insert name and title of the officer) personally appeared _____,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Signature _____

(Seal)