

# Certificate of Existence of Trust and Authority to Act



Church Extension Fund

[This form to be completed **ONLY** if investments are to be registered in the name of a Trust.]

Name of Trust: \_\_\_\_\_

Name of Grantor(s): \_\_\_\_\_

Social Security Number/Tax ID Number (used for the Trust): \_\_\_\_\_

Date of Trust: \_\_\_\_\_ Date of Last Amendment: \_\_\_\_\_

or ☐ Trust has not been amended



## TRUSTEE INFORMATION

Name(s) of Trustee(s) Trustee(s) ☐ May act separately -or- ☐ Must act jointly

Printed Name of Trustee

Printed Name of Trustee

Address of Trustee

Address of Trustee

City/State/Zip

City/State/Zip

Phone

E-mail

Phone

E-mail

Name(s) of Successor Trustee(s) Successor Trustee(s) ☐ May act separately -or- ☐ Must act jointly

Printed Name of Successor Trustee

Printed Name of Successor Trustee

**The undersigned Trustee(s) and, if the trust is revocable, the above-referenced Grantor(s), hereby certify(ies) to CEF that:**

- ☒ The information on this form is correct.
- ☒ The undersigned Trustee(s) is/are all of the duly authorized and acting Trustee(s) of this trust.
- ☒ The undersigned Trustee(s) has/have the power under the trust and the applicable law to enter into transactions and issue instructions to CEF concerning the trust.
- ☒ Any and all transactions effected and instructions given will be in full compliance with the trust.
- ☒ CEF will be informed in writing of any changes in the composition of the Trustees, or any other event which could alter the certifications above.
- ☒ CEF is indemnified, jointly and severally, and held harmless, from any liability for effecting transactions pursuant to the instructions given by any of the Trustees so identified on this form.
- ☒ CEF is indemnified from all costs (including reasonable attorneys fees) incurred as a result of reliance by CEF on this certification or any instructions from the Trustee(s) or any Successor Trustee.
- ☒ CEF has not been provided with a copy of the trust instrument, and further, the Trustee(s) agree(s) that CEF will have no responsibility to examine the trust instrument or to ensure the proper application of the trust assets in accordance with the trust instrument.
- ☒ If Trustee(s) has/have entered into an agency agreement with another entity who is authorized to act for the Trustee(s) with respect to this investment, please provide agency information here: \_\_\_\_\_

**X**

SIGNATURE of Trustee

Date of Birth

Social Security Number

**X**

SIGNATURE of Trustee

Date of Birth

Social Security Number

DATE OF SIGNATURE: \_\_\_\_\_