



Certificate of Trust

The purpose of this Certificate is to obtain information about the trust while preserving the confidentiality of the trust's terms. The trust agreement set forth the terms of the trust. You should consult the trust document when completing this Certificate.

You are required to complete all sections of this form. If you need more room for information or signatures, make copies of the relevant page and affix them to the Certificate.

True and correct copies of the first page and signature page of the Trust Agreement must be included with the Certificate. **DO NOT PROVIDE THE ENTIRE TRUST.**

A. Name of Trust:

B. Date of Trust

C. Name(s) and address of Grantor(s)/Settlor(s):

1. _____
2. _____

D. Check one and provide the number in the space provided: ☐ EIN ☐ Grantor/Settlor SSN

Tax Identification Number _____

If the trust is **IRREVOCABLE** and will be using the Grantor's **SOCIAL SECURITY NUMBER**, by signing this Certificate, Trustee(s) hereby affirm that this trust is to be treated as a grantor's trust, and it complies with applicable law, including 26 U.S. Code §674. Furthermore, this trust is not required to have an Employee Identification Number because it is not a separate entity from the Grantor.

E. Type of Trust:

☐ Revocable Trusts ☐ Testamentary Trust (Copy of the Letters of Trusteeship will be required.) ☐ Irrevocable Trust

Names of persons who have the power to AMEND or REVOKE the trust: *(Field cannot be left blank if Trust is revocable.)*

1. _____
2. _____

F. Purpose/ Intended reason for creation of Trust:

- ☐ Estate Planning ☐ Employee Benefits/Retirements
- ☐ Life Insurance Policy ☐ Managing or Protecting Assets
- ☐ Other: _____

G. Name and Address of each beneficiary of the Trust:

1. _____
2. _____
3. _____
4. _____

2. Trustee Information and Authority:

A. Name and address of ALL current acting Trustees: (If trustee is an entity, documentation indicating authorized individuals of entity, such as Corporate Resolution or Certificate of Incumbency, will be required.)

1. _____
2. _____
3. _____
4. _____

B. Co-Trustees Authority to Act/Sign (*one box must be checked*):

☐ **Independent-** The Trust Agreement explicitly authorizes each of the undersigned Trustees to act **Individually without the approval of the other Trustees**. Apple Bank has the authority to accept orders and other instructions in connection with the Trust account from **any one** of the above Trustees, acting alone, and such Trustee may execute any documents on behalf of the Trust that Apple Bank may require.

☐ **Joint-** The Trust Agreement **Does not** authorize Trustees to act individually on behalf of the Trust. The minimum number of Trustees required to sign to bind and take the actions specified in Section 3 below is: check one: ☐ All acting Trustees ☐ Other: _____

3. Certifications:

Review the following certifications and acknowledge them by signing below. "You" and "Your" refer to the undersigned trustee(s). Except where it would be inconsistent to do so, words and phrases used in this document should be interpreted so the singular includes the plural and the plural includes the singular.

- A.** The Trust exists under all applicable laws and there have been no amendment or modification to the Trust in any manner that would cause the representations contained in this Certificate of Trust to be incorrect or which limits



your authority to act under the Trust. The Trust is not supervised by any court, and you do not require any consent before taking any action authorized by the Trust.

- B. You are the duly appointed Trustee under the Trust agreement, and you are authorized and empowered to execute this Certificate.
- C. You understand that Apple Bank will rely on the information provided in this Certificate of Trust until Apple Bank receives a new Certificate of Trust, executed by all of the then-serving Trustees, in which case the new Certificate of Trust will supersede all prior dated Certificate of Trusts. Apple Bank will not review or interpret the Trust agreement for any matters regarding the management of the Trust and shall have no responsibility to assure the proper application of trust funds.
- D. You have the authority under the Trust to enter into a banking relationship with Apple Bank. These banking powers include, but are not limited to, opening, maintaining, and closing deposit accounts, endorsing negotiable instruments, making deposits, making withdrawals, drawing checks, signing any documents regarding the account(s), and generally doing any and all acts that a bank account owner might do.
- E. This Trust will not engage in lending or check cashing activity. If the trust engages in this type of activity, I/ we understand and accept that Apple Bank reserves the right to close this account.
- F. This trust will not be funded by international funds. If the trust is funded by international funds, I/ we understand and accept that Apple Bank reserves the right to close this account.
- G. Any and all transactions affected, and instructions given to Apple Bank with regard to the Trust will be in full compliance with the terms of the Trust. Furthermore, you agree to (jointly and severally) indemnify and hold harmless Apple Bank, and each of their affiliates, officers, directors, employees, agents, successors, or assigns from any liability (including attorney's fees) from and against any claims, judgments, expenses liabilities or costs of defense or settlement arising out of or resulting from Apple Bank effecting any transaction or acting upon any instructions given by You. This indemnification is in addition to (and in no way limits or restricts) any rights that Apple Bank may have under any other agreement.
- H. There are no current trustees of the Trust other than those listed above. Every trustee (whether you are the sole trustee or co-trustee) has signed below and is authorized to make these certifications.

All current Trustees must sign this form in the presence of a notary. AGREED AND CERTIFIED:

PRINT TRUSTEE NAME		PRINT TRUSTEE NAME	
TRUSTEE SIGNATURE	DATE MM/DD/YYYY	TRUSTEE SIGNATURE	DATE MM/DD/YYYY
			

NOTARY ACKNOWLEDGMENT: *Notaries: Please attach additional documentation as necessary to meet state notarization requirements.*

State of _____, in the County of _____, subscribed and sworn to before me by the above-named trustee who is personally known to me or who has proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that they executed the same their authorized capacity, and that by their signature on the instrument they executed the instrument.	State of _____, in the County of _____, subscribed and sworn to before me by the above-named trustee who is personally known to me or who has proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that they executed the same their authorized capacity, and that by their signature on the instrument they executed the instrument.

_____ Notary Printed Name _____ Notary Signature Date Notary Stamp My commission expires: ____/____/____	_____ Notary Printed Name _____ Notary Signature Date Notary Stamp My commission expires: ____/____/____
--	--

PRINT TRUSTEE NAME _____ TRUSTEE SIGNATURE DATE MM/DD/YYYY SIGN X X	PRINT TRUSTEE NAME _____ TRUSTEE SIGNATURE DATE MM/DD/YYYY SIGN X X
--	--

NOTARY ACKNOWLEDGMENT: *Notaries: Please attach additional documentation as necessary to meet state notarization requirements.*

State of _____, in the County of _____, subscribed and sworn to before me by the above- named trustee who is personally known to me or who has proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that they executed the same their authorized capacity, and that by their signature on the instrument they executed the instrument. _____ Notary Printed Name _____ Notary Signature Date Notary Stamp My commission expires: ____/____/____	State of _____, in the County of _____, subscribed and sworn to before me by the above-named trustee who is personally known to me or who has proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that they executed the same their authorized capacity, and that by their signature on the instrument they executed the instrument. _____ Notary Printed Name _____ Notary Signature Date Notary Stamp My commission expires: ____/____/____
--	---