



# Certification of Trust (COT)

Member Number: \_\_\_\_\_

### Trustee Instructions:

YOU MUST COMPLETE ALL FIELDS IN THIS CERTIFICATION OF TRUST ("COT"). THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. NGFCU MAKES NO REPRESENTATION AS TO ANY TAX/PROBATE AVOIDANCE OR FINANCIAL/ESTATE PLANNING ADVANTAGE, BENEFIT, OR RESULT BASED ON THE TRUST ACCOUNT DESIGNATION. IF YOU DESIRE ASSISTANCE OR ADVICE CONCERNING THIS COT, YOU SHOULD SEEK THE SERVICES OF AN ATTORNEY OR OTHER COMPETENT PROFESSIONAL. NGFCU CANNOT PROVIDE YOU ANY ADVICE OF ANY KIND ASSOCIATED WITH THIS TRUST ACCOUNT; THEREFORE, YOU MAY NOT RELY ON ANY ADVICE YOU BELIEVE NGFCU HAS PROVIDED. YOU ARE SOLELY RESPONSIBLE FOR THE RESPONSES PROVIDED IN THE COT.

\*\*\* **DO NOT** PROVIDE NGFCU A COPY OF THE TRUST, IN FULL OR IN PART\*\*\*

<b>1. NAME OF TRUST</b>	
<b>2. DATE OF TRUST</b>	<b>3. TAX IDENTIFICATION NUMBER</b>
<b>4. TRUSTOR(S)</b>	
TRUSTOR	TRUSTOR (if applicable)
TRUSTOR (if applicable)	TRUSTOR (if applicable)
<b>5. CURRENT TRUSTEE(S)</b>	
TRUSTEE	TRUSTEE (If applicable)
TRUSTEE (If applicable)	TRUSTEE (If applicable)
<b>6. SUCCESSOR TRUSTEE(S) List in order of succession</b>	
FIRST SUCCESSOR TRUSTEE	SECOND SUCCESSOR TRUSTEE (If applicable)
THIRD SUCCESSOR TRUSTEE (If applicable)	FOURTH SUCCESSOR TRUSTEE (If applicable)
<b>7. REVOCABILITY</b>	
<p>A. The trust is currently (select one option below):</p> <p><input type="checkbox"/> <b>Revocable</b>-The trust <u>can</u> be amended or canceled at the time of completing this COT. If selected, please complete Section 7(B) to the right; <b>OR</b></p> <p><input type="checkbox"/> <b>Irrevocable</b>-The trust <u>cannot</u> be amended or canceled at the time of completing this COT. If selected, please skip Section 7(B) and continue to Section 8 below.</p>	<p>B. The power to revoke the trust is held by the Trustor(s) below:</p> <p>Trustor _____</p> <p>Trustor _____</p> <p>Trustor _____</p> <p>Trustor _____</p>
<b>8. MISCELLANEOUS</b>	
<p><b>The trustee(s) who sign below, and who are of legal age, certify under penalty of perjury that:</b></p> <p>A. The trust referenced within this COT is in full force and effect and has not been revoked, modified, or otherwise amended in any manner which would cause the representations in this COT to be incorrect;</p> <p>B. The trustee(s) agree that this COT will supersede any prior COTs provided to NGFCU;</p> <p>C. The trustee(s) agree to provide a new COT to NGFCU in the event that any of these representations, warranties, agreements, or certifications change, or if they may no longer be relied upon by NGFCU;</p> <p>D. The trustee(s) agree that NGFCU may rely on this COT (and any copies thereof) until NGFCU receives a new COT, in which case the new COT will supersede this COT in all respects;</p> <p>E. The trustee(s), acting alone or jointly, is/are authorized to transact business of any kind in connection with the trust's accounts at NGFCU;</p> <p>F. The trustee(s) agrees that transactions by the trustee(s), acting alone or jointly, shall be valid and discharge NGFCU from any liability;</p> <p>G. The trustor(s) and trustee(s) hereby agree for the trust, themselves, and all trust beneficiaries for the life of the trust and the statutory life of any cause of action involving any account of the trust to indemnify and hold harmless NGFCU from any and all claims, suits, actions, damages, judgements, costs, charges, and expenses, including, but not limited to, court costs and attorneys' fees, resulting from any and all liability, loss or damage of any nature whatsoever that NGFCU shall or may sustain resulting from the establishment, maintenance, or transaction of any business on any trust account at NGFCU. The trustor(s) and trustee(s), on behalf of the trust, agree to pay any necessary expenses, attorneys' fees, or costs incurred in the enforcement of this COT; and</p>	

**9. TRUSTEE(S) SIGNATURE(S) AND NOTARY ACKNOWLEDGEMENT (include any attachments as necessary)**

I/We certify under penalties of perjury that the person(s) signing below are the current trustees of the trust.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_ Trustee

\_\_\_\_\_ Trustee(if applicable)

\_\_\_\_\_ Trustee(if applicable)

\_\_\_\_\_ Trustee(if applicable)

**ACKNOWLEDGMENT**

A notary public or other officer 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 \_\_\_\_\_ (date), before me, \_\_\_\_\_ (printed name of Notary)

personally appeared \_\_\_\_\_, (printed names(s) of Trustee(s) signing) 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(ies), and that by his/her/their signature(s) 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 under the laws of the State of \_\_\_\_\_ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

\_\_\_\_\_  
Signature of Notary Public

Place Notary Seal Above

**CU Use Only:**

In branch completion witnessed by:

Employee Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_