FIDELITRADE INCORPORATED

Trustee Certification Of Powers

Account Number (if established): _____

In consideration of FideliTrade Incorporated, (hereafter "FideliTrade"), opening and/or maintaining an account for the Trust named below, we, the undersigned trustee(s), certify as follows:

1. The title of the Trust to which this certification applies is:
   [Example: John Smith (and Tom Brown) Trustee(s) U/A dtd. 1/18/2004 for the benefit of Anne Smith]

   _____

2. The date of the Trust is: _____
3. There are no other trustees of the Trust other than the undersigned.
4. Identify Trustee(s): FideliTrade has the authority to accept orders and other instructions relative to accounts titled in the name of the Trust from those individuals or entities listed below. They may execute any documents on behalf of the Trust that FideliTrade may require. Unless it is specified otherwise, any one of those listed below may act on behalf of the Trust without the consent of the other trustees.

Name (Last, First, MI)	Date of Birth	Social Security #	Physical Address
Name (Last, First, MI)	Date of Birth	Social Security #	Physical Address
Name (Last, First, MI)	Date of Birth	Social Security #	Physical Address

Federal law requires all financial institutions to obtain, verify, and record information to reasonably identify each person who opens an account.

5. We certify that we have the power under the Trust Agreement and applicable law to enter into the transactions below in the Trust's name, and to execute any documents that are required to carry out such transactions:
   a) The purchase and sale of precious metals;
   b) The custody, transfer and delivery of cash or precious metals;
   c) The pledging of Trust property.
6. We, individually and in our capacity as Trustees, jointly and severally, indemnify FideliTrade and hold FideliTrade harmless from any liability for effecting transactions at our request, should FideliTrade act pursuant to the instructions given by any of the individuals listed in paragraph 4 of this Agreement.
7. Successor Trustees (if any):

Name (Last, First, MI)	Date of Birth	Social Security #
Name (Last, First, MI)	Date of Birth	Social Security #

We agree to inform FideliTrade, in writing, of any material amendment to the Trust, any change in the composition of the Trustees, or any other event which could alter the certifications made above.

Signature of Trustee(s) (<u>each</u> trustee <u>must</u> sign):

X _____	X _____
Trustee *Date*	*Trustee* *Date*
X _____	X _____
Trustee *Date*	*Trustee* *Date*

Note: If only one person executes this agreement, it shall be a representation that the signer is the sole trustee. Where applicable plural references in this certification shall be deemed singular.

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