Trustee Change Certification Form

FREEDOM
INVESTMENT MANAGEMENT

Use this form to add an authorized representative, remove an authorized representative on a trust account or to provide a successor trustee.

Scan & Email

service@freedomadvisors.com

Important Instructions:

1. Complete the required information and signatures.
2. Return this completed form to service@freedomadvisors.com.

Trust Information

Trust Information	Trust Account Number	Tax ID/SSN	
	Name of Trust Account		
Trust Address	Street Address		
	City	State	Zip Code
Name of Authorized Representative / Successor Trustee to be removed	First Name	Middle Name	Last Name
Reason for Removal of the Current Authorized Representative / Trustee	○ Death (Follow the instructions in the Death Claims section of our online Help Center.) ○ Incapacitation (Provide a copy of a court order attesting to the incapacity of the current authorized representative/trustee and the new appointee.) ○ Resignation (Resigning Authorized Representative must sign below.)		

New Authorized Representative /Successor Trustee Information

Provide the required information for the new authorized representative / successor trustee for this trust account, noting that the person must be alive, have a residential address, SSN/Tax Identification Number (TIN), and be a U.S. citizen or permanent resident alien.

Authorized Representative / Successor Trustee Information	First Name	Middle Name	Last Name
	Tax ID/SSN - -	Date of Birth (mm/dd/yyyy) / /	
Government Identification	U.S. Driver's License Number (if available)	State of Issuance	
Residential Address	Street Address (no P.O. Boxes)		
	City	State	Zip Code
Contact Information	Phone Number (Day) ( ) -	Phone Number (Evening) ( ) -	
	Email Address		
Citizenship Status	Country of Citizenship: Additional Country of Citizenship: If not a U.S. Citizen check here to confirm that you are a Resident Alien ○		

New Authorized Representative/Successor Trustee Information
Continued

Employment Status	○ Employed ○ Self-Employed ○ Retired ○ Student ○ Unemployed ○ Other
Compliance Information	Is this person a director, 10% shareholder, or executive who makes policy at a public company? ○ Yes ○ No If yes, provide the information for the company(s) in which the client is a director, policy-making executive, or 10% shareholder.
	Company Name
	Is this person, their spouse, or any other immediate family member, including parents, in-laws, and siblings that are dependents, employed by or associated with the securities industry (for example, investment advisor or a sole proprietor, partner, officer, director, branch manager or broker at a broker-dealer firm or municipal securities dealer) or a financial regulatory agency, such as FINRA or the New York Stock Exchange? ○ Yes ○ No If the answer above is yes, and if the regulated entity requires that the client obtain its approval to open this account, provide a FINRA Member Approval Form found in the Forms section of the Help Center on our website.

Source of Wealth

Please enter the source of wealth for the original account holder, using the categories and required supplemental information (e.g., Investment and Asset detail).

○ Retirement / Pension ○ Inheritance / Gift ○ Divorce ○ Legal Settlement ○ Partner / Spouse ○ Parental Support
○ Government Benefits ○ Lottery / Gaming

○ Employment
Employer Name: Country of Employment:
Employer Line of Business*: Annual Income:

○ Personal Investments
○ Securities ○ Physical assets ○ Cryptocurrencies
Line of Business*:

○ Entrepreneur
Company Name: Line of Business*:

○ Assets
○ Commercial Real Estate ○ Residential Real Estate ○ Copyright, Patent or Technology License
○ Art / Other Collectibles ○ Cryptocurrency
○ Business:
Sale of Business: ○ Yes ○ No
Line of Business*:

* Lines of Business for use above: Advertising/Marketing/PR, Aerospace, Agriculture/Forest, Arms Traders/Manufacturing, Art Dealers/Antique Dealers/Auction Houses, Automotive, Casinos/Gaming, Chemicals, Commodities Trading, Computers/Electronics, Construction, Consumer, Education, Energy, Entertainment/Adult Industry, Finance, Government/Military/Public, Hospitality/Recreation, Import and Export Commodities, Jewelry/Gems/Precious Metals Dealers, Law, Manufacturing, Marijuana Services, Media/Publishing/Entertainment, Medical/Health, Mining, Money Service Business, Pharmaceuticals, Professional Sports (Athletes), Professional Sports (Non-Athletes), Real Estate, Retail Services, Stock Promotion, Student, Technology, Telecommunications/Networking, Travel/Transportation, Waste Management, Other.

Certification

By signing below, the Authorized Representative / Trustee agrees and certifies that:

▪ The trust is valid and in full force and effect under applicable state law as of the date of this certification and on the date the Authorized Representative / Trustee provides Goldman Sachs Custody Solutions ("GSCS") an instruction with respect to the account.
▪ This certification binds the trust, its beneficiaries, and all present and future trustees.
▪ GSCS is authorized to follow the instructions from any one Authorized Representative / Trustee without requiring the unanimous consent of all Authorized Representatives / Trustees, in the event that there are ever multiple Authorized Representatives or Trustees.
▪ Each Authorized Representative / Trustee has the power under the trust and applicable law to enter into transactions and provide to GSCS instructions concerning the account including, without limitation, to buy, sell (including short sales and margin transactions), exchange, convert, tender, redeem, and to deliver funds, securities, or any other assets in the account to any party or trustee on any Authorized Representative / Trustee's instructions, including delivering assets to an Authorized Representative / Trustee personally or to the Authorized Representative / Trustee's personal account with us or another firm.
▪ Transactions, orders, and instructions provided to GSCS will be governed by the terms and conditions of all other account agreements applicable to the account, including, but not limited to, the Customer Agreement, and whether such account has been approved by GSCS for such type of activity, including, without limitation, margin trading and short sales.
▪ The Authorized Representative / Trustee agrees to indemnify GSCS and hold it harmless from all losses that may arise out of GSCS acting in reliance on the representations and statements contained in this certification, and GSCS effecting any transactions and acting upon any instructions given by any Authorized Representative / Trustee, including any transaction effected or instruction given that was not in compliance with the governing trust instruments and applicable law. This indemnification shall survive any modification to or rescission of this certification, any superseding certification and any termination of the trust.
▪ You will inform us, in writing, of any change in trustees, or any event that could alter the certifications made herein. Any amendment to the original information or representations made when the account was established shall be of no effect until accepted by GSCS.
▪ All statements and representations made in this certification are true and correct to the best of your knowledge.
▪ If any of the statements above about you or your authority as a trustee are incorrect, you must notify us immediately in writing.
▪ GSCS can rely on the certifications made herein without reviewing the documents governing the trust.
▪ GSCS may verify any information provided about you, including personal or confidential information.

Authorized Representative(s) / Trustee must sign and date below.

Print Name	Signature	Date (mm/dd/yyyy)
	x	/ /
	x	/ /

