



Certification of Trusteeship & Investment Power

Return Instructions:

New Accounts:

Email: newaccounts@siebert.com
Phone: 800.872.0444
Fax: 212.486.2784

Employee Stock Plan Clients:

Email: shareplansupport@siebert.com
Phone: 800.993.2015
Fax: 402.342.2486

Trust Information

Trust Type			
Trust Account	Profit Sharing (sole Trustee)	Money Purchase Pension Plan (sole Trustee)	401k (sole Trustee)
Name/Account Title			
Social Security Number/Tax ID		UAD Date	Governed by which State:
This Trust is:			
Irrevocable		Revocable/Amendable (by whom) Name: _____	

Trustee Powers

IMPORTANT: Please read the following Certification of Trustee Powers that apply to your Trust. Indicate the page number(s) of the Trust Agreement where the following powers are granted to the Trustee(s) and check the following that apply to your Trust. This information is required in order to establish a Trust Account and takes the place of sending additional documentation or copies of your Trust.

Pg.#(s)	Cash Transactions	The authority to engage in Cash Transactions by buying and selling Common or Preferred Stocks, Rights, Warrants, Corporate and Municipal Bonds, and other securities available through SIEBERT.
Pg.#(s)	Margin Transactions	The authority to engage in Margin Transactions by borrowing funds for the purpose of buying or carrying securities on Margin, and/or borrowing securities for the purpose of selling short.
Pg.#(s)	Option Transactions	The authority to engage in the following Option Transactions: Selling covered calls Spreading puts and calls Buying puts and calls Selling uncovered puts and calls (Note: This type of option transaction requires a full copy of the Trust Agreement for Review)

Trustee Information

1st Trustee Name:			
Address:		City:	State: Zip:
Social Security Number/Tax ID:	Date of Birth:	Email:	
2nd Trustee Name:			
Address:		City:	State: Zip:
Social Security Number/Tax ID:	Date of Birth:	Email:	
3rd Trustee Name:			
Address:		City:	State: Zip:
Social Security Number/Tax ID:	Date of Birth:	Email:	

Trustee Information





4th Trustee Name:			
Address:		City:	State: Zip:
Social Security Number/Tax ID:	Date of Birth:	Email:	
5th Trustee Name:			
Address:		City:	State: Zip:
Social Security Number/Tax ID:	Date of Birth:	Email:	

Trust Agreement and Indemnification Signatures

CERTIFICATION: The undersigned certify that all current Trustees have been named above, that the securities transactions requested above are fully authorized by the Trust Agreement, and that the trustees are empowered to execute documents on behalf of the Trust and to instruct Siebert in the disposition and withdrawal of trust assets. The undersigned further certify that all other information provided on this form is complete and accurate, and that the trust agreement is in full force and effect.

AGREEMENT - The Trustees agree to refrain from placing orders and other instructions which have not been authorized by the trust agreement. The Trustees also agree to notify Muriel Siebert & Co., Inc. immediately and in writing of any change in the trusteeship or of any amendment, revocation, or other modification to the trust agreement that affects the certifications made on this form. The trustees agree to provide additional documentation (such as death certificate, letter of resignation, or appointment, and a newly executed customer agreement, etc.) that Muriel Siebert & Co., Inc. may request in the event of a change in trusteeship. Muriel Siebert & Co., Inc. also reserves the right to request, and the trustees agree to provide, a full copy of the trust agreement if Muriel Siebert & Co., Inc. in its sole discretion determines that circumstances warrant such a request. The trustees authorize Muriel Siebert & Co., Inc. to accept orders and instructions on behalf of the trust from any one trustee acting alone, whether the trust agreement authorizes the trustees to act independently or not, and they agree to accept full responsibility for advising each other of any actions so taken. The trustees acknowledge that any notice or demand provided by Muriel Siebert & Co., Inc. to one trustee shall be regarded as notice to all. If an existing Muriel Siebert & Co., Inc. Account is being re-registered in trust name, the trustees agree as successors to the account to be bound by the terms of all agreements previously executed by the predecessor Account Owner(s).

INDEMNIFICATION - The trustees, jointly and severally, agree to indemnify Siebert and to hold Muriel Siebert & Co., Inc. harmless for any liability or claim arising from transactions undertaken at the instruction of the trustee(s).

Signature 	Date
Signature 	Date
Signature 	Date
Signature 	Date

Re-Register Siebert Account To Trust

This section is ONLY for current Siebert clients. If you currently do not have a Siebert Account, skip this section. If you currently have a Siebert Account and you wish to re-register that account into a Trust Account, the following must apply:


- 1) The existing Siebert Account and the Trust have the same Social Security Number or Federal Tax ID
- 2) All account owners of the existing Siebert Account are willing to relinquish their ownership rights in favor of the trust
- 3) All securities in the existing Siebert Account are held at Siebert and in street name
- 4) The existing Siebert Account is a cash account


(Note: If the existing account is a Margin and/or Option account, the "Trustee Powers" section regarding Margin and Option Trading must be completed on this Form.)

Primary Owner Name/Account Title:		Siebert Account Number	SSN/Tax ID	Date of Birth:
Same Address:	City:	State:	Zip:	
2nd Owner Name/Account Title:		Siebert Account Number	SSN/Tax ID	Date of Birth:
Same Address:	City:	State:	Zip:	
3rd Owner Name/Account Title:		Siebert Account Number	SSN/Tax ID	Date of Birth:
Same Address:	City:	State:	Zip:	
4th Owner Name/Account Title:		Siebert Account Number	SSN/Tax ID	Date of Birth:
Same Address:	City:	State:	Zip:	
5th Owner Name/Account Title:		Siebert Account Number	SSN/Tax ID	Date of Birth:
Same Address:	City:	State:	Zip:	

I/We are willing to relinquish ownership rights in favor of establishing a Trust and would like to change our current Siebert account to a Trust Account. I/we also request that Siebert register the assets currently held in this account under the trust name listed on this Form. I/We further understand that if my name(s) does not appear as a trustee, I/We are relinquishing all rights to control the investment of these assets and to withdraw from the account.

Signature	Date
	

Signature	Date
	

Signature	Date
	

Signature	Date
	

State of:	
County of:	
Date:	

(Notary Public)

My Commission Expires (Date):

