



70 Westview Street
Lexington, MA 02421
T: 617-253-2845 F: 617-258-5709

CERTIFICATION OF TRUST

Trust Title: _____

Date of Trust Execution: _____ Trust Taxpayer ID _____

Names of Donor(s)/Settlor(s)

Name _____ Name _____

Name _____ Name _____

Name & Address of Current Trustee(s):

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Powers of Trustee(s)

Trustee initial-> _____ to **singly act** to open & close credit union accounts, execute and enter into any other agreement with the credit union for the deposit, withdrawal or transfer of any funds from or to said account(s), endorse and to cash, negotiate or deposit any money, checks, drafts, orders, notes and any other instruments by electronic or any other means.

Other powers noted: _____

This trust is **Revocable***

*Name of person(s) with power to revoke: _____

Successor Trustee(s), first to serve after you, list N/A if not named:

Name _____ Name _____

Name _____ Name _____

I, _____, certify that I am empowered to designate and authorize individuals and that the trust has not been revoked, modified or amended in any manner that would cause representations contained here to be incorrect. **I do hereby agree to fully and unequivocally indemnify and hold harmless MIT Federal Credit Union from any and all losses and legal consequences of any nature arising from the credit union's handling of transactions on the above named account.** I understand that this indemnification is irrevocable and applies to any and all such transactions whether occurring anytime in the past or future and for any dollar amount.

Signed by: _____ Date _____

(Signature of authorized party)

Received by: _____ Date _____

(MITFCU Employee)

List MITFCU Assigned Account Numbers Below
