



70 Westview Street  
 Lexington, MA 02421  
 617-253-2845  
 www.mitfcu.org

## CERTIFICATION OF REVOCABLE TRUST

**Trust Title:** \_\_\_\_\_

**Date of Trust Execution:** \_\_\_\_\_ **Trust Taxpayer ID:** \_\_\_\_\_

**NAME(S) OF DONOR(S)/SETTLER(S):**

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**NAME(S) AND ADDRESS(ES) OF CURRENT TRUSTEE(S):**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**POWERS OF TRUSTEE(S)**

**Trustee initials:** \_\_\_\_\_ to singly act to open and 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:** \_\_\_\_\_

**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I, \_\_\_\_\_, certify that I am empowered to designate and authorize individuals and that the trust has not been revoked, modified, or amended in any manner that would cause representations contained here to be incorrect.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:** \_\_\_\_\_  
*(MIT FCU Employee)*