

## QUALIFIED PLAN CERTIFICATION

PLAN INFORMATION	
Title of the Plan:	_____
Tax Identification Number for the Plan:	_____
Original Effective Date of the Plan:	_____
Name of Trustee(s):	_____
Name of Trustee(s):	_____
Name of Trustee(s):	_____
Name of Trustee(s):	_____

**A copy of the Qualified Plan Adoption Agreement signed by all trustees must be furnished with this document.**

As Trustee(s) of the above Plan, and in connection with my application to open and maintain a securities brokerage account with Scottrade, Inc., (Scottrade), I hereby represent and warrant that:

1. The undersigned Trustee(s) are all the present Trustee(s) of the Plan.
2. The undersigned Trustee(s) certify that [a] the Plan expressly provides that each Trustee is authorized to act individually, independently and without the consent of the other Trustee(s) for all purposes related to the Plan, or [b] if the Plan does not contain such an express provision, the Trustee so acting has obtained the requisite consent of the other Trustees in accordance with the requirements of the Plan.
3. The undersigned Trustee(s) certify that each Trustee, unless disclosed above, has the power under the Qualified Plan Adoption Agreement and applicable law to: open and maintain one or more Scottrade brokerage accounts for the Plan; enter into transactions for the purchase, sale or exchange of securities and other investments, including but not limited to stock (common or preferred), fixed income products, exchange traded funds, mutual funds and certificates of deposit; execute or provide any required document in connection with the Scottrade account on behalf of the Plan.
4. If the Trustee(s) would like to engage in margin transactions and/or options transactions, the undersigned Trustee(s) also certify that the Trustee(s) have the power under the Qualified Plan Adoption Agreement and applicable law to engage in margin and/or options transactions, upon Scottrade's approval of the account for margin and/or options, pursuant to the margin and/or options rules and requirements as set forth by Scottrade.
5. The undersigned Trustee(s) acknowledge that Scottrade acts only as a custodian of assets and a broker for securities transactions. Scottrade is not a trustee or administrator of the Plan and has no duty to advise me regarding any issues or matters regarding the initial or continued qualification of the Plan. Scottrade does not perform any functions of an administrator or trustee including but not limited to tax reporting or any function to maintain the status of the Plan as a qualified plan under the Internal Revenue Code.
6. All of the information contained herein is accurate and correctly details the terms of the above referenced Plan.
7. The undersigned Trustee(s) acknowledge that Scottrade is relying upon the representations and warranties contained in this document in accepting, opening and maintaining the Account, and this Plan shall remain in full force and effect until such time as I notify Scottrade in writing of any amendments to the Plan, any changes in the composition of the Trustee(s), or any event that could alter the information or authority contained herein.

I agree to indemnify and hold Scottrade, its officers, directors, employees, agents and assigns harmless from any loss, damage or claim arising as a result of Scottrade's reliance on the information provided in this document, and from acting upon instructions believed by Scottrade to have originated with the Trustee(s). I agree to abide by the Scottrade Brokerage Account Agreement and all other applicable Scottrade agreements.

**X** \_\_\_\_\_  
Trustee Signature

\_\_\_\_\_ Date

**X** \_\_\_\_\_  
Trustee Signature

\_\_\_\_\_ Date

**X** \_\_\_\_\_  
Trustee Signature

\_\_\_\_\_ Date

**X** \_\_\_\_\_  
Trustee Signature

\_\_\_\_\_ Date

