



Power of Attorney Certification Form

Ultimus Fund Solutions, LLC ("Ultimus") requires this form to be completed by the Attorney-in-Fact named under the Power of Attorney and submitted along with a full and complete copy of the Power of Attorney as well as any applicable riders or addendums. Any event or contingency documentation required by the Power of Attorney must also be submitted.

1. ACCOUNT HOLDER

Full Name

Account Number(s)

2. ATTORNEY-IN-FACT

Full Name

Mailing Address

City

State

Zip Code

Daytime Phone

Email

3. ATTORNEY-IN-FACT CERTIFICATION

Note: Ultimus requires this section to be completed prior to processing any transaction submitted by the Attorney-In-Fact.

I, _____, certify that:

- a. The Principal validly executed, in accordance with state law, a Power of Attorney ("POA") dated _____, appointing me as his/her Attorney-in-Fact. Attached to this certification is a true and complete copy of the POA.
- b. This POA is now in full force and effect. The Principal is now living, and I have received no notice that the Principal has revoked or suspended this POA.
- c. If the POA was drafted to become effective upon the happening of an event or contingency, that event or contingency has occurred. Any proof of the event or contingency required by the POA is attached.
- d. If the POA has an expiration date, I acknowledge that the powers granted will expire as per the date referenced in the POA.
- e. I make this certification for the purpose of inducing Ultimus to accept delivery of the attached instrument(s) as executed by me in my capacity as Attorney-in-Fact of the Principal, with full knowledge that this certification will be relied upon by Ultimus in accepting the instrument(s) affecting Ultimus Account Number(s) provided in the Account Holder section of this form.

4. SIGNATURES

By signing this form, I agree and request to be added to the account stated above as Power of Attorney. This form must be signed in the presence of the person guaranteeing your signature.

Attorney-In-Fact's Signature

Date

Medallion Signature Guarantee

OR

Signature Validation Stamp

A signature guarantee assures a signature is genuine and protects you from unauthorized requests on your account.

5. MAILING INSTRUCTIONS

Please send completed
form to:

Regular Delivery
Ultimus Fund Solutions, LLC
P.O Box 46707
Cincinnati, OH 45246

Overnight Delivery
Ultimus Fund Solutions, LLC
225 Pictoria Dr, Suite 450
Cincinnati, OH 45246

Fax
1-877-513-0756