

TRUST INFORMATION

Trust Type

- Trust Account Money Purchase Pension Plan (sole Trustee)
 Profit Sharing (sole Trustee) 401k (soleTrustee)

Name/Account Title _____

S.S.#/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) _____ <input type="checkbox"/> 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 StockCross.
Pg. # (s) _____ <input type="checkbox"/> 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) _____ <input type="checkbox"/> Option Transactions	The authority to engage in the following Option Transactions: <input type="checkbox"/> Selling covered calls <input type="checkbox"/> Spreading puts and calls <input type="checkbox"/> Buying puts and calls <input type="checkbox"/> 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: _____

S.S.#/Tax ID: _____ Date of Birth: _____ Email: _____

2nd Trustee Name: _____

Address: _____ City: _____ State: _____ Zip: _____

S.S.#/Tax ID: _____ Date of Birth: _____ Email: _____

3rd Trustee Name: _____

Address: _____ City: _____ State: _____ Zip: _____

S.S.#/Tax ID: _____ Date of Birth: _____ Email: _____

4th Trustee Name: _____

Address: _____ City: _____ State: _____ Zip: _____

S.S.#/Tax ID: _____ Date of Birth: _____ Email: _____

5th Trustee Name: _____

Address: _____ City: _____ State: _____ Zip: _____

S.S.#/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 StockCross 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 StockCross 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 StockCross may request in the event of a change in trusteeship. StockCross also reserves the right to request, and the trustees agree to provide, a full copy of the trust agreement if StockCross in its sole discretion determines that circumstances warrant such a request. The trustees authorize StockCross 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 StockCross to one trustee shall be regarded as notice to all. If an existing StockCross 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 StockCross and to hold StockCross harmless for any liability or claim arising from transactions undertaken at the instruction of the trustee(s).

Signature X	Date	Signature X	Date
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Signature X	Date	Signature X	Date
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RE-REGISTER STOCKCROSS ACCOUNT TO TRUST

This section is **ONLY** for current StockCross clients. If you currently do not have a StockCross Account, skip this section.

If you currently have a StockCross Account and you wish to re-register that account into a Trust Account, the following must apply:

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

StockCross Account #	S.S.#/Tax ID	Date of Birth:
<input type="checkbox"/> Same Address:	City:	State: Zip:

2nd Owner Name: _____

<input type="checkbox"/> Same Address:	City:	State: Zip:
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S.S.#/Tax ID:	Date of Birth:
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3rd Owner Name: _____

<input type="checkbox"/> Same Address:	City:	State: Zip:
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S.S.#/Tax ID:	Date of Birth:
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4th Owner Name: _____

<input type="checkbox"/> Same Address:	City:	State: Zip:
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S.S.#/Tax ID:	Date of Birth:
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I/We are willing to relinquish ownership rights in favor of establishing a Trust and would like to change our current StockCross account to a Trust Account. I/we also request that StockCross 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 X	Date	Signature X	Date
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Signature X	Date	Signature X	Date
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State of _____

County of _____

Date _____

(Notary Public)

My Commission expires: ____/____/20____

