



70 Westview Street
 Lexington, MA 02421
 T 781-423-2022 | F 617-258-5709
 info@mitfcu.mit.edu
 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: _____ Name: _____

Name: _____ Name: _____

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 CURRENT TRUSTEE(S) *(List "N/A" If Not Named)*

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I, _____, certify that I am empowered to designate and authorize individuals and that the trust has not been revoked, modified, or amended in any manner that would cause representations contained here to be incorrect.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.

Signature of Authorized Party _____ Date _____

Received By (MIT FCU Employee): _____ Date: _____