

# Trust Certification Form



# MIRZAM

*This Trust Certification Form is used to certify that the representations and warranties in the trust document are true and complete. As required by federal law, we will use the trustee information provided below to verify your identity. If you have any questions regarding this form, please call Shareholder Services at 1-888-693-8056.*

## **PART A: TRUST INFORMATION (\*Denotes Required Information)**

Name of Trust\*

Date of Trust\*

## **PART B: TRUSTEE INFORMATION (\*Denotes Required Information)**

The following information is needed for each trustee. If there are additional owners on the account, please provide the necessary information on a separate sheet attached to this form.

### **Trustee #1**

Name of Trustee\* (First, M.I., Last)

Date of Birth\*

Social Security Number\*

Street Address (Physical Address)\*

Apartment #

City\*

State\*

Zip Code\*

Mailing Address (if different from above)

City

State

Zip Code

Daytime Phone\*

### **Trustee #2**

Name of Trustee\* (First, M.I., Last)

Date of Birth\*

Social Security Number\*

Street Address (Physical Address)\*

Apartment #

City\*

State\*

Zip Code\*

Mailing Address (if different from above)

City

State

Zip Code

Daytime Phone\*

**PART B: TRUSTEE INFORMATION (\*Denotes Required Information)-CONTINUED**

**Trustee #3**

_____ Name of Trustee* (First, M.I., Last)		_____ Date of Birth*	_____ Social Security Number*	
_____ Street Address (Physical Address)*		_____ City*	_____ State*	_____ Zip Code*
_____ Apartment #		_____ City	_____ State	_____ Zip Code
_____ Mailing Address (if different from above)				
_____ Daytime Phone*				

**Trustee #4**

_____ Name of Trustee* (First, M.I., Last)		_____ Date of Birth*	_____ Social Security Number*	
_____ Street Address (Physical Address)*		_____ City*	_____ State*	_____ Zip Code*
_____ Apartment #		_____ City	_____ State	_____ Zip Code
_____ Mailing Address (if different from above)				
_____ Daytime Phone*				



**MAILING INSTRUCTIONS**

Please mail-completed form and application to:

**Regular Mail Delivery**

Mirzam Capital Appreciation Fund  
P.O. Box 6110  
Indianapolis, IN 46206-6110

**Overnight Delivery**

Mirzam Capital Appreciation Fund  
2960 N. Meridian Street Suite 300  
Indianapolis, IN 46208