

Authorizing Resolution Form

Client Name

Plan Name

Address

City

State

Zip

The undersigned does hereby CERTIFY that the following is a true copy of a resolution duly adopted by the Board of Trustees or other governing entity of the Client listed above, at a meeting duly held on _____; that a quorum was present and acted throughout such meeting; that such resolution has not been rescinded or modified and remains in full force and effect; that the organizational documents and any amendments thereto do not contain any provisions that are or will be in contravention to the provisions of this resolution.

RESOLVED:

1. That Client is authorized to enter into a contract with Exeter Trust Company (hereinafter ETC) for investment of assets in the Collective Investment Funds for Employee Benefit Trusts and _____ (the "Servicer"), or their affiliates or assigns, to provide custodian and/or directed trustee services; and
2. That any _____ (insert applicable number) of the individuals listed below (the "Required Authorized Persons") is/are hereby authorized to give instruction or approval on behalf of the Client for transactions in securities of other assets and specifically: (i) to give written instructions or approval, by mail, facsimile, or otherwise, to the Servicer to buy or sell stocks, bonds, options and/or other securities whether for immediate or future delivery; (ii) direct the transfer of funds to or from accounts established under this resolution: (iii) authorize the payment of funds to one or more persons or entities in amounts and at such times as deemed appropriate; and
3. That the Required Authorized Persons is/are authorized to take any and all steps, to do any and all things, and execute and deliver any and all documents, including the contract with ETC in the name and on behalf of the Client as may be necessary or appropriate to carry out the purposes of this Resolution; and
4. That, if applicable, the individual listed below with the title "Retirement Plan Advisor/Consultant" is hereby authorized, acting alone, for the limited purpose of executing and delivering the contract with ETC and/or the Servicer in the name and on behalf of the Client; and
5. That all actions heretofore taken with respect to matters authorized in these resolutions be, and they hereby are, ratified, confirmed and approved; and
6. That this resolution shall be and remain in full force and effect until written notice of the revocation hereof shall be delivered to and receipt acknowledged by ETC.

Name

Title

Signature

Name

Title

Signature

Name

Title

Signature

Retirement Plan Advisor/Consultant (if applicable – see item #4 above):

Name

Company

Signature

Witness my hand this _____ day of _____ in the year _____.

Authorized Signature

Print Name & Title