



NASSAU

Nassau Life Insurance Company
P.O. Box 22012
Albany, NY 12201-2012

Certificate of Authority (COA)

For Corporations, Associations, Partnerships, Trusts, Sole Proprietorships, or Other Institutional Accounts

- Check One:** New COA
 Change of existing trustee - amendment to COA.
 Change of Authorized Individual / Partner - amendment to COA.

(All Registered Owners/Authorized Party must complete Sections 1, 2, 3 and 4 and either Section 5, 6, 7 or 8 on this form.)

1. Registered Owner

Entity's Exact Name (**print**) _____ Customer Number (10-digit) (eg: 0000012345) _____ Date of Trust (required for trust registrations) _____

Entity's Taxpayer Identification # _____ **OR** _____
Sole Proprietor or Trustor's Social Security # (if applicable) _____ Type and Nature of Business _____

Registered Owner is a: (Check One)

- C-Corporation** **S-Corporation** **Association**

(For Corporations - attach one of the following: a certified copy of the company's articles of incorporation signed by the secretary of the corporation, a certificate of incorporation or good standing issued by the Secretary of State, a government issued business license, or a bank reference by a U.S. bank on the bank's letterhead.)

- Partnership/Limited Liability Partnership (LLP)**

Attach a copy of the pages of the partnership agreement that shows the names of all partners or authorized individuals who are vested with the authority to act for and on behalf of the partnership.

- Limited Liability Company (LLC)** Check tax classification: C-Corporation S-Corporation Partnership

- Trust**

Attach a copy of the pages of trust document which show the name and date of the trust, appointment of all trustees and the signatures of the grantor(s) and all trustees.

Reason for change for Trust, if applicable: (Check One)

- Incapacity of a trustee/authorized individual. Attach a copy of the physician's certification of incapacity or certified copy of Letters of Guardianship or Conservator.
 Death of trustee. Attach a certified copy of the death certificate.
 Amendment to Trust: Attach a copy of the amended trust.

- Sole Proprietorship**

Sole Proprietor's Name (**print**) _____ Name of Business _____

- Other**

_____ Type of Account _____

2. Certification of Beneficial Owners for Legal Entity Customers (COBO)

If an account for a legal entity customer is being established, i.e., most corporation(s), association(s), sole proprietorship(s), partnership(s) and trusts, a Certification of Beneficial Owners for Legal Entity Customers (COBO) is generally required. Trust accounts do not require a COBO unless the trust is a statutory trust or the trust has a corporate trustee. Additional information can be found on the COBO.

- Check One:** **COBO attached** **COBO not required** (be sure to review the COBO form before selecting this box)

3. Resolutions

- A. Any one of the Authorized Individuals named in **Section 4** acting alone and without the consent of any other Authorized Individual is authorized to provide us with instructions of any type without limitations including instructions to open accounts, purchase, sell, assign, transfer, redeem, exchange, execute written, oral or electronic instruction regarding all mutual funds, variable annuities or other securities accounts ("Account") listed or unlisted on behalf of the Registered Owner named in **Section 1**. Each of the Authorized Individuals is now legally holding the title set forth next to his/her name, and any one of the Authorized Individuals may independently execute any transaction on behalf of the Registered Owner including authorizing Account privileges such as draft check redemptions or Electronic Funds Transfers.
- B. Nassau and its affiliates are authorized to accept instructions for any account opened by or on behalf of the Registered Owner now or in the future from any **one** of the Authorized Individuals.
- C. Nassau and its affiliates may, without inquiry, act upon the instruction of any person(s) purporting to be (an) Authorized Individual(s) as named in the Certificate Of Authority last received by us in our offices unless or until we receive authorized written notice modifying or revoking the authority granted herein.
- D. If the Registered Owner provides Nassau and its affiliates with documentation concerning its identity, or authority, the Authorized Individual(s) hereby certify that the documentation provided is a true and correct copy and that such documentation has not been falsified or rescinded. Nassau and its affiliates, as well as its and their directors, officers, employees, agents, managers and representatives do not have responsibility for: reviewing such documents to determine if they are valid under state or federal law or if they accomplish the purposes for which they are intended; interpreting any provisions of such documents; or administering any provisions contained in such documents. If at any time the identity of the entity is changed, the Authorized Individual(s) agree to immediately notify Nassau and its affiliates of such change. The Authorized Individual(s) hereby acknowledge that Nassau and its affiliates, as well as its and their directors, officers, employees, agents, managers and representatives, are not liable for any damages, claims, or causes of actions resulting from their reliance on the documentation provided or authorization given by completion of the Certificate Of Authority.
- E. The foregoing representations are not contrary to the provisions of any governing document or declaration regarding the Registered Owner.

4. Authorized Individual(s)

The Registered Owner named in **Section 1**, pursuant to the resolutions contained and certified within this form, hereby authorizes Nassau Life Insurance Company and its affiliates to open accounts, purchase, sell, assign, transfer, redeem, exchange and honor written and oral instructions on behalf of the Registered Owner when signed or so instructed by any **one** of the following Authorized Individual(s).

Authorized Individual #1:

Name of Authorized Individual # 1 (**print**) _____ Title of Authorized Individual # 1 _____

Social Security Number _____ Date of Birth _____ Home Telephone # _____ Work Telephone # _____

Citizenship: U.S. Citizen
 Resident Alien* _____
Document Type and Number _____ Country of Citizenship _____
** A copy of an unexpired green card with a photograph must be attached.*

Address:

U.S. Mailing Address _____ Residential Street Address (mandatory, if mailing address contains a P.O. Box, "care of" or temporary address) _____
City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____

Employment: (check one) Employed Self-Employed Retired Unemployed Homemaker Student

Employer's Name _____ Employer's Street Address _____
Occupation _____ Employer's City _____ State _____ Zip Code _____

Are you or anyone in the household an employee or financially dependent on an employee of FINRA or a stock exchange? Yes No
By checking yes and signing this form, you must provide written authorization to Nassau to provide duplicate account statements to FINRA or the exchange.

Politically Exposed Person (P.E.P.)

Have you, a family member, or close associate been entrusted with a prominent public function, such as a Head of State or government, a senior politician, a senior government, judicial or military official, a senior executive of a state owned corporation, or an important political party official?

Yes (If yes, identify the name of the individual(s) and the offices(s) held below.)
 No

First Name of P.E.P. #1 (**print**) _____ Last Name of P.E.P. #1 (**print**) _____ Office Held by P.E.P. #1 (**print**) _____

First Name of P.E.P. #2 (**print**) _____ Last Name of P.E.P. #2 (**print**) _____ Office Held by P.E.P. #2 (**print**) _____

Signature of Authorized Individual #1

Signature of Authorized Individual # 1 _____ Date _____

4. Authorized Individual(s) (continued)

The Registered Owner named in **Section 1**, pursuant to the resolutions contained and certified within this form, hereby authorizes Nassau Life Insurance Company, and its affiliates to open accounts, purchase, sell, assign, transfer, redeem, exchange and honor written and oral instructions on behalf of the Registered Owner when signed or so instructed by any **one** of the following Authorized Individual(s).

Authorized Individual #2:

Name of Authorized Individual # 2 (print) Title of Authorized Individual # 2

Social Security Number Date of Birth Home Telephone # Work Telephone #

Citizenship: U.S. Citizen Resident Alien* Document Type and Number Country of Citizenship
* A copy of an unexpired green card with a photograph must be attached.

Address:

U.S. Mailing Address Residential Street Address (mandatory, if mailing address contains a P.O. Box, "care of" or temporary address)
City State Zip Code City State Zip Code

Employment: (check one) Employed Self-Employed Retired Unemployed Homemaker Student

Employer's Name Employer's Street Address
Occupation Employer's City State Zip Code

Are you or anyone in the household an employee or financially dependent on an employee of FINRA or a stock exchange? Yes No
By checking yes and signing this form, you must provide written authorization to Nassau to provide duplicate account statements to FINRA or the exchange.

Politically Exposed Person (P.E.P.)

Have you, a family member, or close associate been entrusted with a prominent public function, such as a Head of State or government, a senior politician, a senior government, judicial or military official, a senior executive of a state owned corporation, or an important political party official?

Yes (If yes, identify the name of the individual(s) and the offices(s) held below.)
 No

First Name of P.E.P. #1 (print) Last Name of P.E.P. #1 (print) Office Held by P.E.P. #1 (print)

First Name of P.E.P. #2 (print) Last Name of P.E.P. #2 (print) Office Held by P.E.P. #2 (print)

Signature of Authorized Individual #2

Signature of Authorized Individual # 2 Date

4. Authorized Individual(s) (continued)

The Registered Owner named in **Section 1**, pursuant to the resolutions contained and certified within this form, hereby authorizes Nassau and its affiliates to open accounts, purchase, sell, assign, transfer, redeem, exchange and honor written and oral instructions on behalf of the Registered Owner when signed or so instructed by any **one** of the following Authorized Individual(s).

Authorized Individual #3:

Name of Authorized Individual # 3 (print) Title of Authorized Individual # 3

Social Security Number Date of Birth Home Telephone # Work Telephone #

Citizenship: U.S. Citizen Resident Alien* Document Type and Number Country of Citizenship
* A copy of an unexpired green card with a photograph must be attached.

Address:

U.S. Mailing Address Residential Street Address (mandatory, if mailing address contains a P.O. Box, "care of" or temporary address)
City State Zip Code City State Zip Code

Employment: (check one) Employed Self-Employed Retired Unemployed Homemaker Student

Employer's Name Employer's Street Address
Occupation Employer's City State Zip Code

Are you or anyone in the household an employee or financially dependent on an employee of FINRA or a stock exchange? Yes No
By checking yes and signing this form, you must provide written authorization to Nassau to provide duplicate account statements to FINRA or the exchange.

Politically Exposed Person (P.E.P.)

Have you, a family member, or close associate been entrusted with a prominent public function, such as a Head of State or government, a senior politician, a senior government, judicial or military official, a senior executive of a state owned corporation, or an important political party official?

Yes (If yes, identify the name of the individual(s) and the offices(s) held below.)
 No

First Name of P.E.P. #1 (print) Last Name of P.E.P. #1 (print) Office Held by P.E.P. #1 (print)

First Name of P.E.P. #2 (print) Last Name of P.E.P. #2 (print) Office Held by P.E.P. #2 (print)

Signature of Authorized Individual #3

Signature of Authorized Individual # 3 Date

Complete ONE of the Following Certifications in Section 5, 6, 7 or 8

5. Corporations, Limited Liability Companies & Associations

I, certify that at a meeting held on the Meeting Date *shown below, at which a quorum was present throughout, the Board of Directors of the corporation/ officers of the association duly adopted resolutions in accordance with the Registered Owner's charter and by-laws, authorizing the completion of this Certificate Of Authority and the resolutions and actions set forth herein and the appointment of Authorized Individual(s) named herein. I also certify that the signatures of the Authorized Individual(s) named in **Section 4** are genuine. I further certify that the Registered Owner complies with all applicable laws and has fully authorized the completion of this Certificate Of Authority, IN WITNESS WHEREOF, I have hereunto set my hand and seal of this Corporation/Association on the Certification Date** shown below.

 Secretary or Certifying Officer's Name **(print)**

Signature of Secretary or Certifying Officer **Date**

SG

Affix Medallion Signature Guarantee Here, If Required:
 Stamps qualified for a specific date and/or individual or altered in any manner, may not be accepted.



* Meeting Date: _____

** Certification Date: _____

Check One:

- Corporate Seal does exist. (Affix here)
- Corporate Seal does **not** exist.

6. Partnerships & Limited Liability Partnerships

I certify that the General Partner(s) has(have) authorized the completion of this Certificate Of Authority and the resolutions and actions set forth in this Certificate Of Authority and that the signatures of such General Partner(s) is(are) genuine. In the event of death or retirement of any of the General Partners of said partnership, the Partnership authorizes Nassau and its affiliates to take such proceedings, require such papers, retain such portion of, or restrict transactions in said account as they may deem advisable to protect themselves against any liability, penalty, or loss under any present or future law or otherwise. It is further agreed that in the event of the death or retirement of any General Partners, the remaining General Partners will immediately cause Nassau to be notified of such fact. If any portion of this document shall be held to be unenforceable, then the remainder of the document shall survive and be held enforceable and bind the Partnership. I further certify that the Partnership or Limited Liability Partnership complies with all applicable laws and has fully authorized the completion of this Certificate Of Authority, the resolutions and actions set forth herein, and that all General Partners, or all appropriate partners that are authorized to certify this document have signed below.

 Certifying General Partner's Name #1 **(print)**

Signature of Certifying General Partner #1 **Date**

SG

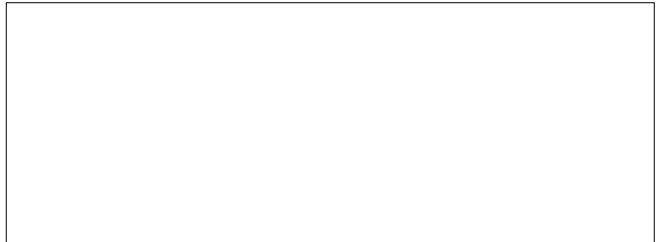
 Certifying General Partner's Name #2 **(print)**

Signature of Certifying General Partner #2 **Date**

SG

Affix Medallion Signature Guarantee Here, If Required:

Stamps qualified for a specific date and/or individual or altered in any manner, may not be accepted.



SG denotes Signature Guarantee required.

Complete ONE of the Following Certifications in Section 5, 6, 7 or 8 (continued)

7. Trusts

I certify that there is an executed written Trust Document evidencing the current and ongoing existence of the Trust. I also certify that the signatures of the Authorized Individuals named in **Section 4** are genuine and represent the Authorized Individuals to act on behalf of the Trust. I further certify that the Trust complies with all applicable laws and has fully authorized the completion of this Certificate Of Authority, the resolutions and actions set forth herein, and that I have full authority to enter into investment transactions on behalf of the trust and to execute and deliver documents on its behalf.

Affix Medallion Signature Guarantee Here, If Required:

Stamps qualified for a specific date and/or individual or altered in any manner, may not be accepted.

Certifying Trustee's Name **(print)**

Signature of Certifying Trustee

Date



8. Sole Proprietor and Other

I certify that there is an executed written document evidencing the current and ongoing existence of the Registered Owner. I certify that the Authorized Individuals listed in **Section 4** represent the appropriate Authorized Individuals to act on behalf of the Registered Owner. I further certify that the Registered Owner complies with all applicable laws and has fully authorized the completion of this Certificate Of Authority, and the resolutions and actions set forth herein.

Affix Medallion Signature Guarantee Here, If Required:

Stamps qualified for a specific date and/or individual or altered in any manner, may not be accepted.

Certifying Sole Proprietor/Certifying Officer Name **(print)**

Signature of Certifying Sole Proprietor/Certifying Officer **Date**



denotes a Signature Guarantee is required.