

Form Completion Instructions: Certificate of Authority (SLTR103)

The **Certificate of Authority (COA)** (SLTR103) is used to identify who has authority to act on behalf of a corporation, association, partnership, trust or other entity.

- For customers with Foresters Financial Services, Inc. as the broker-dealer, the COA should only be completed to update **existing** information.

The COA is valid until Foresters Investor Services receives and accepts written notification of any changes. A Medallion Signature Guarantee or Foresters Financial Services Signature Guarantee must accompany any changes.

These instructions will assist in the proper completion of this form. Snapshots of each section along with instructions on how to properly complete that section are available below. Please take special care in reviewing the "Points to Remember" to assist in properly completing the form.

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
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Other

Type of Account

Check the appropriate box indicating either:

- New COA**, or
- Change of existing trustee - amendment to COA**, or
- Change of Authorized Individual / Partner - amendment to COA.**

Registered Owner:

- Provide the following:
 - Entity's Exact Name.**
 - Customer Number (10-digit)**
 - Date of Trust** (required for trust registrations), if applicable.
 - Entity's Taxpayer Identification #** or **Sole Proprietor's or Trustor's Social Security #**, as applicable.
 - Type and Nature of Business.**

Check **one** of the following boxes to indicate the type of entity account being established:

- C-Corporation, S-Corporation, Association
- Partnership/ Limited Liability Partnership (LLP)
- Limited Liability Company (LLC) (check the tax classification of the LLC: C-Corporation, S-Corporation or Partnership)
- Trust
 - Attach a copy of the appropriate pages of the trust document.
 - Check one box for reason for change for trust.
- Sole Proprietorship (include the name of the sole proprietor and the name of the business)
- Other (include the 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)

- (COBO) Certification of Beneficial Owners for Legal Entity Customers: check appropriate box to indicate if a COBO is attached or not required.

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. Foresters Financial Services, Inc. ("FFS") 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. FFS 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 Edison, New Jersey offices unless or until we receive authorized written notice modifying or revoking the authority granted herein.
- D. If the Registered Owner provides FFS 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. FFS 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 FFS and its affiliates of such change. The Authorized Individual(s) hereby acknowledge that FFS 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.

- The authorized individual(s) must review and agree to all resolutions. The COA is unacceptable if this section is revised in any manner.

Point to Remember: The COA is designed to establish telephone redemption and exchange privileges and for each authorized individual to act alone. If the entity requires more than one authorized individual to transact business, we will not open the account.

4. Authorized Individual(s)

The Registered Owner named in Section 1, pursuant to the resolutions contained and certified within this form, hereby authorizes Foresters Financial Services, Inc. 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* _____
* 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 Foresters Financial Services, Inc. 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 office(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 _____

For Section 4: (for Authorized Individual #1, Authorized Individual #2 and Authorized Individual #3)

- Provide the following for each Authorized Individual:
 - **Name of Authorized Individual**
 - **Title of Authorized Individual**
 - **Social Security Number**
 - **Date of Birth**
 - **Home Telephone #**
 - **Work Telephone #**
- **Citizenship:** Check the **Citizenship** status box.
 - If Resident Alien box is checked, document type and number as well as the country of citizenship must be provided. To avoid delays, please make sure to submit a copy of an unexpired green card containing a photograph.
- **Address:** Provide complete **US mailing address**.
 - If mailing address contains a P.O. Box, "care of" or temporary address, the residential address **must** be provided.
- **Employment:**
 - Check one box for the type of Employment (i.e.: Employed, Self-Employed).
 - Provide the owner's full **Employment** information, if applicable.
 - If the owner is unemployed, retired or a student, this should be noted as their Occupation.
 - FINRA or a Stock Exchange: check the appropriate box to indicate if the owner or anyone in the household is an employee or financially dependent on an employee of FINRA or a stock exchange.
 - If the "Yes" box is checked, you must sign the Master Account Agreement and you must provide written authorization to Foresters Financial Services, Inc. to provide duplicate account statements to FINRA or the exchange.
- **Politically Exposed Person (P.E.P.):** Check the appropriate box to indicate if the owner, a family member, or close associate has been entrusted with a prominent public function.
 - If the "Yes" box is checked, identify the name of the individual(s) and the office(s) held.
- **Signature of Authorized Individual:** the signature of the Authorized Individual must be provided.

Point to Remember: If there are more than 3 Authorized Individuals, complete an additional COA.

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.

- The Certifying Officer must be listed in **Section 4** as an Authorized Individual.
- Provide **Secretary or Certifying Officer's Name** and signature.
- Provide **Meeting Date** and **Certification Date**.
- **Corporate Seal:** check box to indicate if corporate seal does exist or corporate seal does **not** exist.
 - If corporate seal does exist, place in area provided.
- Signature Guarantee required for the signing Secretary or Certifying Officer.

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 Foresters Financial Services, Inc. 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 Foresters Financial Services, Inc. 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.

- The Certifying General Partner(s) must be listed in **Section 4** as Authorized Individual(s).
- Provide **Certifying General Partner's Name(s)** and signature(s).
- Signature Guarantee required for all General Partners.

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.

Certifying Trustee's Name (print) _____

Signature of Certifying Trustee _____ 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.

- The Certifying Trustee must be listed in **Section 4** as an Authorized Individual.
- Provide **Certifying Trustee's Name** and signature.
- Signature Guarantee required the signing Certified Trustee.

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.

_____ SG
Certifying Sole Proprietor/Certifying Officer Name (print)

_____ SG
Signature of Certifying Sole Proprietor/Certifying Officer Date

- The Certifying Sole Proprietor / Certifying Officer must be listed in **Section 4** as an Authorized Individual.
- Signature of the **Certifying Sole Proprietor / Certifying Officer**.
- Signature Guarantee required for signing Certifying Sole Proprietor / Certifying Officer.

Signature Guarantee

- A Medallion Signature Guarantee is required, and can be provided in this section.
- A Medallion Signature Guarantee can be obtained from any eligible guarantor such as a bank, savings and loan, credit union, brokerage firm or other financial institution that offers the service.
- A Medallion Signature Guarantee cannot be qualified or altered in any manner (i.e. arrows, dates, signature limitations, etc.).

I CERTIFY THAT ALL SIGNATURES THAT REQUIRE A SIGNATURE GUARANTEE ON THIS FORM ARE GENUINE.

Reg. Rep # _____	Office # _____	Registered Representative's Name (print) _____	Registered Representative's Signature _____	Date _____
Principal # _____	Principal's Name (print) _____	Principal's Signature _____	Date _____	

In lieu of a Medallion Signature Guarantee, the Foresters Financial Services registered representative may provide a Signature Guarantee in the above box. The Foresters Financial Services registered representative and the principal certify that the signature on the form is genuine under the Foresters Financial Services, Inc. Guarantee of Signature Policy.