

Account Number \_\_\_\_\_

### Certificate of Partnership

Check box if this is a limited partnership; limited partners should not act for the account

**REGISTRATION**

\_\_\_\_\_  
Legal Name

\_\_\_\_\_  
Tax Identification Number

**CERTIFICATE**

I, \_\_\_\_\_, the Recording Partner of \_\_\_\_\_ (the "Partnership") a partnership organized under the laws of the State of \_\_\_\_\_ do hereby certify that the following is true and correct:

**Resolution.** At a meeting of the Partnership held on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, the following resolution was unanimously adopted. Such resolution has not been rescinded, amended or revised and is in full force and effect:

RESOLVED, that the Presiding Partner (or the partner(s) he/she designates) of the Partnership is/are hereby fully authorized and empowered to open a brokerage account, transfer, endorse, sell, assign, set over and deliver any and all securities (including short sales) now or hereafter standing in the name of or owned by this Partnership, to purchase securities (on margin or otherwise), including the purchase and sale of options, and to make, execute, and deliver, under the Certificate of this Partnership any and all written instruments necessary or proper to effectuate the authority hereby confirmed.

BE IT FURTHER RESOLVED, that each of the following authorized partners hereby is entitled to act for and on behalf of the Partnership to take any necessary action in respect of the account established with AXOS Clearing ("AXOS").

Authorized Partner's Signature	Authorized Partner's Name	Date
Authorized Partner's Signature	Authorized Partner's Name	Date
Authorized Partner's Signature	Authorized Partner's Name	Date

Please attach additional pages if necessary.

Subscribed below are the signatures and personal information of all of the general partners of the Partnership:

General Partner's Signature	General Partner's Name
Social Security Number	Date of Birth (mm/dd/yyyy)
Address	Phone Number

General Partner's Signature	General Partner's Name
Social Security Number	Date of Birth (mm/dd/yyyy)
Address	Phone Number

General Partner's Signature	General Partner's Name
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General Partner's Signature	General Partner's Name
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Please attach additional pages if necessary.

**Please Note: AXOS and/or your broker will verify information provided on this form through a third-party vendor in accordance with the USA Patriot Act.**