



# MainStay Funds Trustee Certification of Investment Powers Individual/Institutional Trusts

I/We, the undersigned Trustee(s) certify the following to MainStay Funds, NYLIFE Distributors LLC, and NYLIM Service Company LLC ("NSC"), and their affiliates (collectively, "you"):

- The legal title of the Trust to which this certification applies (example: John Smith & Ann Smith Revocable Trust)

▲ Title

- The Trust Agreement is dated       /      /        
▲ Date-MM/DD/YYYY

- The tax identification number (TIN) of the Trust is \_\_\_\_\_

- You have the authority to accept orders and other instructions relative to the Trust's accounts from those individuals or entities listed below, each of whom/which is a current Trustee of the Trust. They may execute any documents on behalf of the Trust which you may require. (Please indicate, in the box on the back of this form, the number of signatures required on instructions.)

▲ Trustee Name (Please Print)	Social Security Number	Date of Birth-MM/DD/YYYY
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▲ Trustee Name (Please Print)	Social Security Number	Date of Birth-MM/DD/YYYY

- I/We certify that (i) I/we have the power and authority under the Trust Agreement and applicable law to enter into all transactions on behalf of the Trust, including, without limitation, purchases and sales of mutual funds, and that (ii) there are no other Trustees of the Trust.
- I/We, the Trustee(s), jointly and severally, indemnify you and hold you harmless from any liability for effecting all transactions on behalf of the Trust, including, without limitation, purchases and sales of mutual funds, pursuant to the instructions given hereunder.
- I/We agree to inform you, in writing, by executing a new form of this Trustee Certification and any other documentation you reasonably request, of any amendment to the Trust, any change in the composition of the Trustees and any other event which could alter the certification made above.
- I/We have attached a copy of the Title, Signature and Notary pages of my/our Trust document. I/We will provide additional documentation if you have any questions regarding the trust, date of trust agreement, or trustee names.
- If this is an Institutional Trust, I/we have attached a Secretary's Certification indicating the authorized signatories for this account. You are authorized to rely upon this Secretary's Certificate until a revised Secretary's Certification is provided to you.

# SIGNATURE(S)

**All Trustees must sign and a Medallion Signature Guarantee is required for each Trustee. When submitted for a new account with an account application the Medallion Signature Guarantee is waived.**

▲ Trustee Signature	Print Name	Date-MM/DD/YYYY
▲ Trustee Signature	Print Name	Date-MM/DD/YYYY
▲ Trustee Signature	Print Name	Date-MM/DD/YYYY
▲ Trustee Signature	Print Name	Date-MM/DD/YYYY
▲ Trustee Signature	Print Name	Date-MM/DD/YYYY
▲ Trustee Signature	Print Name	Date-MM/DD/YYYY

If this form is signed by more than one person, all written requests will require all signatures appearing above unless indicated below.

Check the appropriate box for required signature(s):

- One signature     
  Combination of any \_\_\_\_\_ signatures     
  All signatures

The signature(s) must be **Medallion Signature Guaranteed** by an eligible guarantor institution as defined under the Securities Exchange Act to include generally: a bank, broker dealer, municipal securities dealer or broker, credit union, national securities exchange, registered securities association, clearing agency, or savings association. **A notary public is not acceptable.** Eligible guarantor institutions provide Medallion Signature Guarantees that are covered by surety bonds in various amounts. It is your responsibility to ensure the Medallion Signature Guarantee that you acquire is sufficient to cover the total value of your transaction(s). If the surety bond amount is not sufficient to cover the requested transaction(s), the Medallion Signature Guarantee will be rejected.

**Place Medallion Signature Guarantee(s) in the space below.**

**For new accounts:** Send a new account application, a copy of the Title, Signature and Notary pages of the Individual/Institutional Trust document, and this form to the address listed on the application.

**For established accounts:** If this is a transfer from an existing MainStay account registration to a new MainStay trust account registration, copies of the Title, Signature and Notary pages of the Individual/Institutional Trust document are also required.

**For Established Accounts:** [mainstayinvestments.com](http://mainstayinvestments.com)

<b>For Assistance:</b> Call your investment professional or call toll-free 800-MAINSTAY 800-624-6782 / option 2	<b>Mailing Address:</b> MainStay Investments P.O. Box 8401 Boston, MA 02266-8401	<b>Overnight Express Address:</b> MainStay Investments c/o BFDS 30 Dan Road Canton, MA 02021-2809	MainStay Funds are distributed by NYLIFE Distributors LLC 169 Lackawanna Avenue Parsippany, NJ 07054
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**ONLY COMPLETE FOR INSTITUTIONAL TRUSTS**

**SECRETARY'S CERTIFICATE**

\_\_\_\_\_  
▲ *Name of Firm*

I, \_\_\_\_\_, certify that I have been duly elected to, and now hold the office of Secretary/Assistant Secretary of \_\_\_\_\_ (the "Firm"),  
▲ *Name of Firm*  
and am duly authorized to provide this Secretary's Certificate and its contents to MainStay Funds. I further certify that:

1. On \_\_\_\_\_ by Resolution/Unanimous Consent the Board of  
▲ *Date*  
Directors/Trustees of the Firm did approve the creation of this investment account on behalf of the

\_\_\_\_\_  
▲ *Name of "Trust"* Trust dated \_\_\_\_\_  
▲ *Date*

2. The following named individuals are authorized to act on behalf of the Trust for this investment account.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. I will provide a replacement Secretary's Certificate promptly should any of the authorized individuals named in Paragraph 2 change.

IN WITNESS WHEREOF, I have executed this Certificate on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

[SEAL]

\_\_\_\_\_  
▲ *Name*

\_\_\_\_\_  
▲ *Title*

**For Established Accounts:**

[mainstayinvestments.com](http://mainstayinvestments.com)

**For Assistance:**

Call your investment professional or call toll-free 800-MAINSTAY 800-624-6782 / option 2

**Mailing Address:**

MainStay Investments  
P.O. Box 8401  
Boston, MA 02266-8401

**Overnight Express Address:**

MainStay Investments  
c/o BFDS  
30 Dan Road  
Canton, MA 02021-2809

MainStay Funds are distributed by NYLIFE Distributors LLC  
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Parsippany, NJ 07054