

# Staff Memorandum

EXECUTIVE COMMITTEE Agenda Item #2(c) (Consent Calendar)

<u>REQUESTED ACTION</u>: Approval of corporate resolutions to update account signatories

Attached are corporate resolutions for JP Morgan Chase, Fieldpoint Private Bank, and Bank of America. Your approval is required to update the signatories on the Association's bank and investment accounts.

## Document Checklist | JPMORGAN CHASE BANK, N.A.

05 March 2012

NEW YORK STATE BAR ASSOCIATION C/O KRISTIN O'BRIEN 1 Elk Street Albany, NY 12207 USA

Thank you for choosing JPMorgan Chase for your banking needs. The following page(s) list the documents contained in this package that pertain to the products and/or services you have requested, with instructions for each document.

In striving to deliver best-in-class service, we encourage you to complete and return any of the attached documentation requiring signature within **5 business days** from the day you receive this package. Please let us know if there is any way we can assist you. We understand that on occasion this timeline cannot be met due to other priorities, the complexity of requirements, and/or the availability of authorized signatories. In such cases we kindly ask that you advise us when we can anticipate receipt of the documentation or if there is any additional support we can provide. Timely receipt of the documents enables us to better complete your request in the desired timeframe.

For your protection, where documents in this package are being sent as e-mail attachments and have been pre-filled, the account and/or SSN/TIN number has been truncated to the last 4 digits, or the documents have been encrypted and may require a password to open.

We at JPMorgan Chase are fully committed to meeting your banking needs. We are happy to answer any questions you may have regarding the attached documents. If you need assistance, please do not hesitate to call.

Kind regards,

MARYANA NOVOSAD 518-433-2533 maryana.novosad@chase.com

PN: 576661 Page 1 of 11

| Document Name                       | ID | Instructions               |
|-------------------------------------|----|----------------------------|
| Certificate Regarding Accounts- CRA | 1  | Complete, Sign and Return. |
| CB Business Signature Card          | 2  | Complete, Sign and Return  |

PN: 576661 DOC ID: 0 Page 2 of 11



## **Certificate Regarding Accounts**

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**Instructions:** Complete all relevant spaces with the requested information as applicable to the type of organization. Obtain signature of certifying signer(s) at the conclusion of the Certificate.

| HF |  |  |
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|    |  |  |
|    |  |  |

| Customer Name:<br>("Customer")                  | NEW YORK STATE BAR ASSOCIATION   |
|---|--|
| Tax Identification Number:<br>("Client Entity") | 140923640  |
| Business Name:<br>("Business")                  | (Applicable only for Sole Proprietorship or business operating under an assumed name)  |
| Jurisdiction of Organization:                   |  |
| Type of Organization<br>(Check One)             | ☐ Corporation ☐ Sole Proprietorship ☐ Trust ☐ Unincorporated Association ☐ Limited Liability Company ☐ Partnership (including Limited Liability Partnership) ☐ Business Trust (under Delaware or Massachusetts law only) ☐ Joint Venture ☐ Governmental Entity (specify type): |

- A. DESIGNATION OF DEPOSITORY. This Certificate Regarding Accounts (this "Certificate") is provided to any bank subsidiary of J.P. Morgan Chase & Co. (collectively, "Bank") with respect to any and all deposit accounts, related products and all Treasury Services products or services, that Customer currently has or may open in the future with Bank (collectively, the "Accounts").
- B. CERTIFICATION (as applicable to Type of Organization)
  - Corporation, Limited Liability Company, Partnership/LLP, Unincorporated Association, Business Trust. I am an officer, member, manager, director, or general partner (or person authorized to represent the member, manager, director or general partner), as applicable, of Customer. I certify to Bank that the governing body of Customer has adopted resolutions authorizing all actions and agreements described in this Certificate. Those resolutions were adopted in accordance with all requirements of law and of Customer's organizational documents, have been entered in the regular minute books of Customer, have not been rescinded, or modified, and are now in full force and effect.
  - Governmental Entity. I am either the custodian of the official records of Customer (the "Certifying Official"), or the public official
    authorized by law to establish and administer the financial accounts of Customer (the "Financial Officer"), and authorized to take
    all actions described in this Certificate.

Bank has been designated a depository for funds of Customer in the manner required by applicable law. I certify to Bank that the governing body of Customer, if any, has adopted resolutions authorizing all actions and agreements described in this Certificate. Those resolutions were adopted in accordance with all requirements of law and of Customer's organizing statutes, charter, by-laws, ordinances, or other applicable laws and documents, have been entered in the regular minute books of Customer, and are now in full force and effect.

- Trust. (Other than a business trust) I am (we are) all of the duly appointed and acting trustee(s) of the trust. I (we) certify to Bank
  that Customer's trust agreement and all other governing documents authorize the trustees to take all actions and enter into all
  agreements described in this Certificate, and that such authorization is in accordance with all requirements of law now in full force
  and effect.
- 4. **Joint Venture.** We are all the joint venturers of Customer. We certify to Bank that the joint venturers of Customer have authorized all actions and agreements described in this Certificate, and that such authorization is now in full force and effect.

PN: 576661 DOC ID: 1 Page 3 of 11



5. Sole Proprietor. I am the Customer, and I individually am the sole owner of the Business. The Business is not a corporation, partnership, limited liability company, or any other form of business entity. This Certificate constitutes a durable power of attorney appointing agents, each acting singly, to take any and all action authorized under this Certificate or any other document described in this Certificate. This power of attorney will survive my incompetence, incapacity, or disability. "Attorney-in-Fact" means any of the following listed persons, acting singly unless otherwise provided in this Certificate:

#### C. AUTHORIZATIONS (applicable to all Types of Organizations)

6. Account Opening.

"Account Manager" means only Customer individually (i.e., the owner of the Business) or an Attorney-in-Fact, if designated by Customer. If Customer is a trust (other than a business trust), "Account Manager" means only each individual trustee and each person authorized to act on behalf of any entity trustee of Customer. If Customer is a joint venture, "Account Manager" means only each joint venturer and each person authorized to act on behalf of the joint venture. If Customer is a governmental entity whose financial Officer, "Account Manager" means only the Financial Officer. If Customer is a governmental entity whose financial affairs are directed by a governmental body, "Account Manager" means only the Certifying Official. Opening any Account will constitute Customer's agreement to be bound by all of Bank's account terms, conditions, documents, and agreements (as they may be amended from time to time) executed or delivered in connection with the Account.

Banking Services.

"Authorized Person" means any Account Manager as designated above in Section C6. An Authorized Person may perform any or all of the functions listed below. Subject to any written agreement (and other forms applicable to the products and services), between Customer and Bank, any one Authorized Person is authorized to: (1) sign checks, drafts, notes, acceptances and other instruments (collectively referred to as "Items"); (2) take any action and/or give in instructions in writing, verbally, electronically or otherwise, ("Instructions") as provided in the account terms, United States addendum to account terms or other agreement between Customer and Bank; and (3) identify, implement and contract with Bank for cash management product and services relating to an Account and/or other general banking services for the benefit of Customer, including without limitation electronic funds transfer services, electronic information services, automated clearinghouse services, lockbox services, fraud prevention services, and automated sweep investment services. Use of any such service will constitute Customer's agreement to Bank's standard agreements applicable to the products or services requested.

8. Changes to Authorized Persons.

The Secretary, any Assistant Secretary, or any Account Manager may instruct Bank to add, delete or otherwise make changes to Authorized Persons by a written notice to Bank ("Change Notice"). The Change Notice should identify all changes to Authorized Persons, including persons added or deleted, certify the name, title, and signature of each additional Authorized Person, and set forth any limitations to the authority of Authorized Persons.

9. Deposits.

Bank is authorized to accept for deposit, credit, collection, or any other purpose, items or electronic deposits payable to (1) Customer by any trade name or style used by Customer, or (2) any owner, shareholder, partner, member, manager, trustee, or venturer of Customer ("Owner"), or (3) more than one Owner, either jointly or in the alternative. All Items may be deposited to any Account with or without endorsement.

10. Continued Effectiveness.

This Certificate will continue in full force and effect until Bank actually receives written notice from Customer revoking or modifying this certificate and Bank has had a reasonable opportunity to act on it. Bank may conclusively presume that this Certificate is in effect and that the persons identified from time to time as Account Managers or Authorized Persons by this Certificate, any signature card, or any Change Notice have been duly elected or appointed and continue to hold such positions. Customer releases Bank from any liability and will indemnify Bank against any loss, liability, or expense arising from Bank's reliance on this Certificate or any other certification or instructions provided by the Secretary, any Assistant Secretary, or any Account Manager.

#### D. ADDITIONAL PROVISIONS (Only applicable to Trust or Governmental Entity)

11. Delegation of Authority for Trusts.

If Customer is a trust (other than a business trust), each of the trustees expressly represents that the delegation of authority provided in this Certificate is for the ministerial act of executing instruments payable by, providing instructions to, or making deposits in Bank with respect to trust assets in an Account, which are authorized by the trust instrument. Bank is entitled to rely on this representation in conducting any business relating to any Account of the trust.

PN: 576661 DOC ID: 1 Page 4 of 11



12. Death, Resignation, or inability of Trustee to Act.

If Customer is a trust (other than a business trust) and any trustee dies, resigns, declines to serve, or is unable to act as trustee, each surviving trustee or successor trustee is obligated to notify Bank and to provide Bank with a new Certificate authorizing Bank to act on the order or instruction of any newly appointed trustee.

13. Authority of Governmental Entity.

If Customer is a governmental entity and Bank at any time determines that Customer is not authorized, or may not be authorized, under applicable law or its organizational documents to open any Account or to engage in any transaction or purchase any services relating to the Accounts, Bank may demand conclusive evidence of Customer's authority. Notwithstanding any agreement to the contrary, if Customer fails to provide conclusive evidence of its authority upon demand, Bank may immediately and without prior notice terminate any Account or service provided to Customer, and Bank will not be liable to Customer for any damages in connection with that termination.

### E. CERTIFYING SIGNATURES

1. Applicable to all Types of Organizations EXCEPT Governmental Entity

| X                    |                      | X                           |
|----------------------|----------------------|-----------------------------|
| Certifying Signature |                      | Certifying Signature        |
|                      | Seynour W. James,Jr. | David P. M <u>i</u> randa   |
| Print Name:          |                      | Print Name:                 |
|                      | President            | Secretary                   |
| Capacity/Title       |                      | Capacity/Title              |
| E-Mail Address       | ac@nysba.org         | ac@nysba.org E-Mail Address |
| L-Mail Addiess       | 518-463-3200         | 518-463-3200                |
| Phone Number         |                      | Phone Number                |
| Executed this        | day of               |                             |

PN: 576661 DOC ID: 1 Page 5 of 11



## 2. Applicable ONLY to Governmental Entity

| a) Certifying signer is:  | Financial Officer                    | Certifying Official                   |                                    |
|---------------------------|--------------------------------------|---------------------------------------|------------------------------------|
| X                         |                                      |                                       |                                    |
| Official's Signature      |                                      |                                       | <del></del>                        |
| Printed Name              | ···································· |                                       |                                    |
| Title                     |                                      |                                       | <del></del>                        |
| E-Mail Address            | Ph                                   | none Number                           | <del></del>                        |
| For a Governmental Entity | certified by a Financial Officer,    | , the following must also be compl    | eted by an official other than the |
| Financial Officer:        | •                                    |                                       |                                    |
| X                         | ·                                    | is the Financial Officer's signature. |                                    |
| Official's Signature      |                                      |                                       |                                    |
| Printed Name              |                                      |                                       | <u></u>                            |
| Title                     |                                      |                                       |                                    |
| E-Mail Address            | Ph                                   | none Number                           | <del></del>                        |
|                           |                                      |                                       |                                    |

**PN**: 576661 DOC ID: 1 Page 6 of 11



### **CRA Instruction Sheet**

#### **HEADING**

- 1. Jurisdiction of Organization This is the state, territory, or country where the entity was organized.
- 2. Tax Identification Number Used by Internal Revenue Service (IRS) in the administration of tax laws.
- 3. Business Trust A "business trust" as used in this Certificate (CRA) is a legal trust set up for the purpose of business in Delaware and Massachusetts. The purpose of a business trust is to operate a profit venture for the beneficiaries of the trust.
- Governmental Entity (specify type) Examples of governmental entities include municipality, county, state, government agency, school board, etc.

#### A. DESIGNATION OF DEPOSITORY

This is a statement regarding the purpose of this Certificate (CRA).

#### B. CERTIFICATION - By Entity Type

- Corporation, Limited Liability Company, Partnership/LLP, Unincorporated Association, or Business Trust The appropriate
  officer must certify that the governing body of the Customer has adopted resolutions authorizing the actions and agreements
  described in this Certificate (CRA). After reading this paragraph, proceed to Section C.
- Governmental Entity There are 2 types of officials who may make the certifications in this Certificate (CRA) for a governmental
  entity, either a Certifying Official, or a Financial Officer.
  - Certifying Official This is a person who has been elected/appointed/charged with the responsibility for the official records of the
    governmental entity that they represent, and holds an office comparable to a corporate secretary, e.g., for example, the Town or
    County Clerk, the Secretary of the School Board
  - Financial Officer This is used for persons holding a specific governmental office which has been authorized by law to establish and administer Accounts for the governmental entity they represent, e.g., State Treasurer.

After reading this paragraph, proceed to Section C.

- Trust (Other than a business trust) The trustee or trustees must certify that all actions and agreements described in this Certificate (CRA) are in accordance with all requirements of law and of the Customer's trust agreement and all other governing documents. After reading this paragraph, proceed to Section C.
- 4. Joint Venture Each joint venturer must certify that all actions and agreements described in this Certificate (CRA) are authorized. After reading this paragraph, proceed to Section C.
- 5. Sole Proprietor This section indicates who may take the actions described in this Certificate on behalf of the owner of the sole proprietorship. If any person will be authorized to act on the behalf of the sole proprietor, they must be designated in this Certificate (CRA). This person will be known as "Attorney-in-Fact". A sole proprietor is not required to have an "Attorney-In-Fact". After reading and filling in this paragraph, if applicable, proceed to Section C.

#### C. AUTHORIZATIONS (Applicable to all Types of Organizations)

 Account Opening – This section identifies those persons (Account Managers) who will have authority to open Accounts for the entity described in this Certificate (CRA).

| Entity Type                             | If this section is left blank, the following persons are "Account Managers" authorized to open accounts   |
|---|---|
| Corporation, Unincorporated Association | Any person holding an officer title with Customer   |
| LLC, Partnership, LLP                   | Any member, manager, general partner, or trustee, as applicable, of Customer  |
| Sole Proprietor                         | The Customer individually (i.e., the owner of the Business) or an Attorney-in-Fact, if designated by the owner of the business  |
| Trust (Other than a Business Trust)     | Each individual trustee or as specified in the trust agreement  |
| Joint Venture                           | Each joint venturer   |
| Governmental Entity                     | <ul> <li>If Customer is a governmental entity whose financial affairs are directed by a Financial Officer, "Account Manager" means only the Financial Officer.</li> <li>If Customer is a governmental entity whose financial affairs are directed by a governmental body, "Account Manager" means only the Certifying Official</li> </ul> |

PN: 576661 DOC ID: 1 Page 7 of 11



## **CRA Instructions/Explanations**

#### Account Opening, continued:

If paragraph 6 is filled in with one or more specific position titles/functions, such as "vice president or controller", then only those persons holding that title and/or function will be allowed to open Accounts for Customer.

If paragraph 6 is filled in with names of specific individuals, then only those individuals will be allowed to open Accounts for Customer.

- 7. Banking Services Describes persons who are authorized to perform banking transactions for Customer and what those transactions may entail. "Authorized Persons"/"Account Managers" are designated in section C6 of this Certificate (CRA).
- 8. Changes to Authorized Persons Describes how changes, additions, or deletions to those who are named as Authorized Persons may be made.
- 9. Deposits Describes what Customer is authorizing Bank to do with deposits made into its Accounts.
- 10. Continued Effectiveness Describes the terms under which this Certificate (CRA) will remain in full force and effect.
- D. ADDITIONAL PROVISIONS (Only applicable to Trust or Governmental Entity)
  - 11. Delegation of Authority for Trusts (Other than Business Trust) Declaration of the trustees as to the purpose of the delegation of authority described in this Certificate (CRA).
  - 12. Death, Resignation or Inability of Trustee to Act Describes the obligations of the trustees in the event that any trustee is unwilling or unable to perform his or her role.
  - 13. Authority of Governmental Entity Describes what actions Bank may take should Bank determine that Customer is not or may not be authorized to open Accounts or transact banking business.

## E. CERTIFYING SIGNATURES (Who can sign the Certificate (CRA))

| Entity Type  | Certifying Signature must be:  |  |  |
|--|--|--|--|
| Corporation, Limited Liability Company, Unincorporated Association, Business Trust   | The CEO, CFO, COO, President, Vice President, Treasurer Secretary or Assistant Secretary of the organization or other equivalent officer |  |  |
|  | Only 1 signature is required, or as specified in the customer's organizational documents   |  |  |
| Partnership, Limited Liability Partnership   | Managing Partner or each Partner, if a Managing Partner has not been designated  |  |  |
| Trust (Other than Business Trust)  | All trustee(s) or as specified in the trust agreement  |  |  |
| Joint Venture  | Joint Venturer(s)  |  |  |
|  | Each Joint Venturer should sign  |  |  |
| Governmental Entity represented by a Financial Officer authorized by law as described in these instructions: page 1, section B2. | Financial Officer accompanied by a second official signer who certifies that the person signing holds the office indicated               |  |  |
| Governmental Entity represented by a "Certifying Official" as described in these instructions: page 1, section B2.               | Certifying Official  |  |  |
| Sole Proprietorship  | Owner  |  |  |

PN: 576661 DOC ID: 1 Page 8 of 11



|   | Signature Card   |  |   |  | 01   |   | T 5   | All Cinc. from  | V1.9_12_05_1  |
|---|--|--|---|--|--|---|---|---|---|
| CHECK<br>ONE:   | Signatures for New Acc   | ount(s)  |   | Additional<br>Account(s)   | Signatures for   |   | Replace<br>Account  | All Signatures on<br>t(s)   | Card of   |
| For BANK US   | SE ONLY  | ☐ This   | Signa   | iture Card   | is for a New A   | ccoun   | t □ 1   | This is the first DD  | A for this client   |
| Client Name/Acc<br>(For Sole Propriet<br>indicate the name  | or or Disregarded Entity,  | NEW Y  | ORK S   | STATE BA   | R ASSOCIATION  | ON  |   |   |   |
| Account Title:  | NEW YORK STATE   | BAR ASS  | SOC   | Т  | REASURER A   | CCT   |   |   |   |
| Address:  | C/O KRISTIN O'BRIE   | N 1 Elk  | Stree   | et   | City, State, Zip   | ,   | Albany, N   | NY 12207 USA  |   |
| Account<br>Number(s):   | 6301505362509, 7   | 7705080  | 03,   |  | Telephone Nu   | mber:   |   |   |   |
|   | 6301505313509  |  |   |  | Tax ID Number:<br>(For Sole Proprietor or<br>Disregarded Entity, indicate TIN<br>of owner.)  |   | 140923640   |   |   |
| gnature is Manua  | Jse <u>BLACK</u> OR <u>BLUE</u> ink. Plant or a Facsimile in the "PRINT are boxes before signing the   | NAME" box  | . Wher  | n providing a  | gnature within the Facsimile Signature   | box bo<br>e, provi  | undaries o<br>de a Manu   | nly. <u>Do Not</u> overlap signal Signature too. For y  | natures. Indicate if the our security, cross out  |
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|   | atricia K. Buck  | lin  | Ex  |  | Director   |   |   |   |   |
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| Manual  |  |  |   |  |  |   |   |   |   |
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|   | artin@nysba.org  |  | 51:   | 8-463-3  |  |   |   |   |   |
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|   | aynor@nysba.org  |  |   | 8 <b>-463-3</b>  |  |   |   |   |   |
| Signature Card, "Authorized Doc Documents. The accounts and se as may be amer The undersigner account(s) pursi of persons author The Bank is enti | d, an authorized represent the Certificate Regarding of curnents"), and finds the interpretary and finds the interpretary and finds the interpretary and finds the interpretary and finds and find find finds and find finds and f | Accounts, formation edges recipan Chase itime to the names, ocuments e act on be of the names. | accou<br>in this<br>eipt of,<br>e Bank<br>ime.<br>titles, a<br>. The<br>ehalf o | Int authorization Signature Communication and agrees National Actional Actional Action and signature undersigner of the Account areason (s) until an action (s) until action (s) | tion documents,<br>card accurate on<br>to be bound by,<br>ssociation, ("the<br>es of authorized<br>d certifies that the<br>int Holder with re-<br>til the Bank recei | and/o<br>this d<br>the te<br>Bank"<br>signer<br>signer<br>spect | r organiza<br>ate and in<br>erms and o<br>), including<br>rs named<br>atures pre<br>to its acco | tional documents of<br>accordance with the<br>conditions governing<br>g the Account Terms<br>in this Signature Ca<br>sented on these pago<br>bunt(s), banking trans | the Account Holder<br>e Authorization<br>the operation of<br>s and Service Terms,<br>and on this/these<br>ges are the signatures<br>sactions or services. |
| Authorized Signa  |  |  |   |  | Title:   | Pres  | sident  | C   | eate:   |
| Authorized Signa  | ture:  |  |   |  | Title:   | Secr  | retary  | 1   | ate:  |
| INTERNA<br>Print Name:<br>Completion Date:  | ALUSE ONLY TH  | ABOVE  | NFORM   | ATION AND  | SIGNATURE(S) W<br>Initials:  | EREV  | ERIFIED 8   | <b>Y.</b>   |   |

PN: 576661 DOC ID: 2

**Business Signature Card** 



Page 10 of 11



| Client Name/Account Holder: NEW YORK STATE BAR ASSOCIATION |  |                             |                |  |  |  |  |
|--|--|-----------------------------|----------------|--|--|--|--|
| Account Title: N<br>TREASURER                              | NEW YORK STATE BAR ASSOC<br>ACCT           | Tax ID Number:<br>140923640 | Card of        |  |  |  |  |
| Account<br>Number(s):                                      | 6301505362509, 777050803,<br>6301505313509 | Telephone Number:           | Date: 3/6/2012 |  |  |  |  |

|  | ADDITIONAL SIGNATURES |            |
|--|-----------------------|------------|
| PRINT NAME                               | TITLE                 | SIGNATURE  |
| ☑Manual ☐Facsimile Seymour W. James, Jr. | President             |            |
| E-MAIL ADDRESS                           | PHONE NUMBER          |            |
| ac@nysba.org                             | 518-463-3200          |            |
| PRINT NAME                               | TITLE                 | SIGNATURE  |
| ☑Manual ☐Facsimile David M. Schraver     | President-elect       |            |
| E-MAIL ADDRESS                           | PHONE NUMBER          |            |
| ac@nysba.org                             | 518-463-3200          |            |
| PRINT NAME                               | TITLE                 | SIGNATURE  |
| Manual<br>□Facsimile David P. Miranda    | Secretary             |            |
| E-MAIL ADDRESS                           | PHONE NUMBER          |            |
| ac@nysba.org                             | 518-463-3200          |            |
| PRINT NAME                               | TITLE                 | SIGNATURE  |
| ☑Manual □Facsimile Claire P. Gutekunst   | Treasurer             |            |
| E-MAIL ADDRESS                           | PHONE NUMBER          |            |
| ac@nysba.org                             | 518-463-3200          |            |
| PRINT NAME                               | TITLE                 | SIGNATURE  |
| ☐ Manual<br>☐ Facsimile                  |                       |            |
| E-MAIL ADDRESS                           | PHONE NUMBER          |            |
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| PRINT NAME                               | TITLE                 | SIGNATURE  |
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PN: 576661 DOC ID: 2 Page 11 of 11

# **CERTIFICATE OF CORPORATE/LLC/** NON PROFIT ORGANIZATION RESOLUTION

Use this form to designate authorized signers to act on behalf of your organization. If applicable, please also provide a certified copy of your articles of incorporation, minutes of a board meeting documenting the authorized signers for your organization, operating agreement and/or other formation

| documents. If the Authorized Officer is the same person as the authorized signer, this person m  | ust complete Section IV – Additional Certification.   |
|--|---|
| I. ACCOUNT INFORMATION   |   |
| ACCOUNT NUMBER:ACCOUNT TITLE:  |   |
| NAME OF CORPORATION/ORGANIZATION: New York Bar Associa   | ation   |
| TYPE (SELECT ONE): XXIIICorporation  | zation 🔲 🛮 Other:   |
| II. CERTIFICATION  |   |
| I HEREBY CERTIFY that at a meeting or by resolution between the Authorized Directors/Officer Corporation/Organization, ("Corporation/Organization"), at which said meeting a quorum was preresolution was adopted and ever since has been and now is in full force and effect.   |   |
| <b>WHEREAS</b> , this Corporation/Organization is duly authorized and permitted by its charter and by written authorization to:  | laws, by the terms of its operating agreement or other  |
| (1) Engage in cash and margin transactions in any and all forms of securities including, but not<br>stock index options, short sales, foreign currency options and debt instrument options, bonds, in action, everificates, rights to subscribe, warrants, certificates of deposit, mortgages, choses in action, ever or indebtedness and certificates of interest in any and every kind and nature whatsoever, secure participating and/or other certificates or otherwise.  | ond debentures, annuities, notes, strips, participation idences of indebtedness, commercial paper certificates  |
| (2) Receive on behalf of the Corporation/Organization or deliver to the Corporation/Organization the authorized officers or persons listed in Section III below giving such instruction, monies, stocendorse for transfer, certificates representing stocks, bonds or other securities now registered or Corporation/Organization.   | ks, bonds or other securities. To sell, assign and  |
| (3) Establish and maintain an asset management account with debit card, check writing and maspent, the responsibility for which is entirely that of the Corporation/Organization.  | rgin privileges, from which account funds are directly  |
| WHEREAS, the appropriate officers have determined that it is appropriate and in the best intere account(s) with Pershing Advisor Solutions LLC ("Pershing Advisor Solutions").   | st of this Corporation/Organization to open an  |
| Now, therefore, be it resolved that this Corporation/Organization open an account or accounts the undersigned below, or any of them acting individually or their respective successors in office this Corporation/Organization, (1) give orders in the said account or accounts for the purchase, securities; (2) deliver to and receive from Pershing Advisor Solutions on behalf of the Corporatic securities; (3) establish and maintain an asset management account with debit card, check writid directly spent with each Authorized Person as indicated in the separate asset management accorprivileges; (4) order the transfer or delivery of funds, monies or securities to any person whatsoe indicated below giving such instructions; (5) sign acknowledgements of the correctness of all staunder the corporate seal (if applicable) any and all written endorsements and documents necess conferred; that is within authorization to each of said officers to remain in full force and effect unbeen received by Pershing Advisor Solutions. | (hereinafter "Authorized Persons") may, on behalf of sale or other disposition of stocks, bonds and other an/Organization monies, stocks, bonds and other and and margin privileges from which account funds are bunt agreement having check writing and debit card ever, including any other authorized officers or persons atements of account; and (4) make, execute and deliver sary or proper to effectuate the authority hereby |
| III. CERTIFICATION AND SIGNATURE   |   |
| I FURTHER CERTIFY that the following names, titles and signatures of the officers (or others) a Corporation/Organization.  | authorized by the foregoing resolution to act for this  |
| Name(print): <u>Seymour W. JamesJ飛tle: President</u>   | Signature:  |
| Name(print): David M. SchraverTitle: President-elect   | Signature:  |
| Name(print): Claire P. Gutekunsite: Treasurer  | Signature:  |
| Name(print): David P. Miranda Title: Secretary   | Signature:  |
| Name(print): Patricia K. Bucklime Executive Direct   | Signature:  |
|  | I CORDON CONTROL CONTROL IN THE INC.  |

CORP

Pershing Advisor Solutions LLC, member FINRA, SIPC, is a subsidiary of The Bank of New York Mellon Corporation.
Clearing, custody, or other brokerage services may be provided by Pershing LLC, member FINRA, NYSE, SIPC.
Pershing Advisor Solutions relies on its affiliate Pershing to provide execution services. Trademark(s) belong to their respective owners.

FRM-PAS-CORPSEC-RES-09-11 PAGE 1 OF 2

| IN WITNESS WHEREOF, I have hereunto se | t my hand and affixed the seal of said Corporation/   | Organization (if applicable), this                                    |
|--|---|---|
| (AFFIX CORPORATE SEAL HERE             | day of  | , 20  |
| IF CORPORATION USES A SEAL)            |   |   |
|  | AUTHORIZED OFFICER SIGNATURE:   |   |
|  | PRINT AUTHORIZED OFFICER NAME:  | id P. Miranda   |
|  | NOTE 1: If the Authorized Officer is empowered to a to these resolutions, the President or Managing Mermust fill in and execute the Additional Certification in   | nber of the Corporation/Organization as set forth above               |
|  | NOTE 2: If the Corporation/Authorization has only o must sign above on the Authorized Officer line indica executing the Additional Certification in Section IV by |   |
| IV. ADDITIONAL CERTIFICATION           | V   |   |
|  | ly if the Authorized Officer of the Corporation/Orgal<br>nas only one officer/managing member (if an LLC)   | nization is authorized to act pursuant to the foregoing - check one): |
| □ I FURTHER CERTIFY that the Authoriz  | zed Officer of the Corporation/Organization is autho  | rized by the foregoing resolution to act hereunder.                   |
| officer/managing member (if an LLC) a  | ation/Organization has only one authorized officer/n<br>nd authorized to execute legal and binding documen<br>ne Corporation's/Organization's governing documer   |   |
| NAME (PRINT): Seymour W.               | James, Jr.  | πιε: President  |
| SIGNATURE:                             |   | DATE:   |

## New York State Bar Association Secretary's Certificate Schedule D

The undersigned being the Secretary of the New York State Bar Association, a corporation organized and existing under the laws of New York, hereby certifies to Bank of America that, at a meeting of the Executive Committee of the New York State Bar Association duly called and held on the 30th day of March, 2012, the following Resolutions were duly adopted and that such Resolutions remain in full force and effect.

RESOLVED, that any two of the following staff of the New York State Bar Association acting jointly with respect to any account maintained by the New York State Bar Association with Bank of America be, and hereby are, authorized to draw checks and other orders for the payment of money and be, and hereby are, authorized to direct all changes of investments and authorize the delivery of any securities or cash up to \$300,000.

Signature

Title

Name

| Patricia K. Bucklin  | Executive Director   |  |
|--|--|--|
| Richard J. Martin  | Assistant Executive Director   |  |
| Kristin M. O'Brien   | Senior Director of Finance   |  |
| acting jointly with respect to any act of America be, and hereby are, authother orders for the payment of more investments and authorize the delivered of the following street | hat the President and Treasurer of the count maintained by the New York Storized to open, maintain and close acrey, and be, and hereby are, authorized ery of any securities or cash whether owing persons have been duly elected a set opposite their respective names elow are true and authentic: | State Bar Association with Bank eccounts and to draw checks and ed to direct all changes of or not in excess of \$300,000. |
| Name   | <u>Title</u>   | Signature  |
| Seymour W. James, Jr.  | President  |  |
| David M. Schraver  | President-Elect  |  |
| David P. Miranda   | Secretary  |  |
| Claire P. Gutekunst  | Treasurer  |  |
| Patricia K. Bucklin  | Executive Director   |  |
| Richard J. Martin  | Assistant Executive Director   |  |
| In witness whereof, I have I State Bar Association this da   |  | affixed the seal of the New York  P. Miranda, Secretary  |

## SCHEDULE C FUNDS TRANSFER AGREEMENT

New York State Bar Association (the "Customer"), and Bank of America, N.A. (the "Bank") hereby agree that the following sets out the terms under which we may perform Funds transfers for the Customer.

1. <u>Transfer Instructions</u>. Any of the Customer's Authorized Representatives may instruct the Bank to transfer funds from the Customer's Accounts with the Bank to any other Account with the Bank or with another institution. The Bank reserves the right to refuse any transfer instructions, and in particular, the Bank reserves the right to refuse transfer instructions if the identity of the Authorized Representative has not been confirmed, the Account from which the Bank is instructed to transfer funds has an insufficient Account balance, or the transfer instruction is incomplete. The Bank will use its best efforts to notify the Customer of any refusal to accept transfer instructions.

The Customer's Authorized Representatives are designated pursuant to the Corporate Resolution in the form of Attachment 1 (or comparable form) to this Agreement and are listed on Schedule D to this Agreement. The Bank is entitled to rely upon the fact that each person listed on Schedule D is authorized to effect funds transfers from the Customer's Accounts until the Bank receives written notice from the Customer revoking such person's authority. This authority includes the power to withdraw and debit the Customer's Accounts, execute any further documents necessary to effect funds transfers and, where applicable, to choose and change the Keyword used in the Bank's security procedures. It is the Customer's obligation to notify the Bank immediately upon revocation of authority of an Authorized Representative. By providing the Bank with a Keyword, as indicated on Schedule D, the Customer authorizes the Bank to make transfers based upon oral requests of the Authorized Representatives. The Customer has the sole obligation to ensure that all Authorized Representatives keep the Keyword confidential and to notify the Bank immediately by telephone (with a follow up in writing) if there is reason to believe that the Keyword has been disclosed to any unauthorized person. In the event the Customer revokes the authority of an Authorized Representative or discovers that the Keyword may have been disclosed to any unauthorized person, the Customer also has the obligation of establishing a new Keyword and informing the Authorized Representatives of the new Keyword.

Upon acceptance of the Authorized Representative's written or oral transfer instructions, the Bank will charge the Customer's Accounts after performing the security procedures set forth below; provided, however, that the Bank will take no action on instructions received after 2:55 p.m. ET (the Bank's internal processing cutoff). In executing the transfer instructions, the Bank is entitled to rely upon Account numbers of the beneficiary bank or intermediary bank rather than names.

- 2. <u>Security Procedures</u>. The Customer agrees to the use of the following security procedures to ensure the integrity of its transfer instructions:
  - a) For written instructions, the Bank will confirm that the name of the person sending the instructions is listed as one of its Authorized Representatives and the Bank will compare the signature on the written request to its records. The Customer will also verify the Account number to confirm that the Authorized Representative has appropriate authority to transfer funds from that Account. When the written instruction is received via fax machine or, is in excess of certain dollar amounts, the Bank will confirm the request by contacting an Authorized Representative.
  - b) Where the Customer has authorized oral instructions by designating a Keyword, the Bank will check the name of the person sending the instructions against its list of Authorized Representatives, and ask the Authorized Representative to give the Bank the Keyword (reflected on Schedule D). In circumstances where the Authorized Representative is unable to supply the Keyword, but indicates that the wire transfer is urgent and must be processed, the Customer agrees to send the Bank written wire transfer instructions and comply with security procedures as outlined in section 2.a) above.

3. <u>Liability</u>. The Bank will be responsible only for performing the services as expressly provided in this Agreement. The Bank will have no responsibility for losses or delays caused by unclear, incomplete, contradictory or duplicative instructions; errors or omissions of correspondent banks or other agents used to effect funds transfers; fire or other catastrophes; computer, mechanical or electrical failures or any circumstances beyond its control. The Bank will not be liable for any loss, liability or expense, which may result from the performance, delay or nonperformance of services unless caused by its willful misconduct. In the event of an error on the part of the Bank, its liability will be limited to correcting the error and restoring lost interest to the Account, if any. The Bank will not be responsible for special, incidental, compensatory or consequential damages or attorneys' fees that the Customer may incur, regardless of whether the Bank was made aware of the possibility of such damages. The Customer agrees to indemnify the Bank against any loss, liability or expense (including attorneys' fees and expenses) incurred by the Bank in performing the services contemplated herein.

| Agreed | and Accepted: |     |                                    |  |
|--------|---------------|-----|------------------------------------|--|
| Date:  | //            | By: |                                    |  |
|        |               |     | (Customer's duly authorized Agent) |  |