



RETIREMENT PLAN CERTIFICATION OF AUTHORITY

This Retirement Plan Certification of Authority must be completed in its entirety, and executed by all current administrators, trustees or owners of the plan (hereafter identified as Authorized Person(s)). Should only one person execute this certification, it shall be a representation that the signer is the sole Plan Administrator/Investment Fiduciary/Trustee. Where after, any plural reference in this certification shall be deemed singular.

Plan Information:

Plan Name:	Plan Type: <input type="checkbox"/> 401(k) <input type="checkbox"/> Single K <input type="checkbox"/> 403(b) <input type="checkbox"/> Profit Sharing Plan <input type="checkbox"/> Other: _____
Tax ID:	Plan Effective Date:
Plan Sponsor:	Plan Administrator:

The IRS requires that plans be restated periodically, under either a staggered six-year cycle for pre-approved prototype plans or a five-year cycle for individually designed plans.

Has the Plan been restated in compliance with applicable IRS regulations? ☐ Yes ☐ No

If yes, please provide the last Restatement / Amendment date: _____

Authorized Person(s) Certifications and Signatures

- The undersigned certify that the Authorized Person(s) authorize(s) named above has the authority under the Plan to open and maintain this Retirement Plan account, to execute documents on behalf of the Plan, and to accept orders and other instructions relative to plan accounts.
- The Authorized Person(s) represent, warrant and certify that they have the full authority under the Plan to buy, sell, exchange, convert, tender, redeem and withdraw assets, including the delivery of assets to and from the Plan account and to third parties.
- The Authorized Person(s) understands that all transactions and orders associated with this account are governed by the terms and conditions of all other account agreements.

Corporate headquarters located at
2225 Lexington Road • Louisville, KY 40206
(502) 451 0600



- The Authorized Person(s) agree(s) to inform you, in writing, of any changes in the composition of the Authorized Person(s) or of any additional event otherwise impacting this certification.
- The Authorized Person(s) jointly and severally indemnify and hold harmless Private Client Services from any claims, losses, expenses or other liability effecting any transactions and acting upon the instructions given by the Authorized Person(s).
- The Authorized Person(s) certifies that all transactions effected and instructions given on this account will be in full compliance with the Plan.

Authorized Person Name:	Date:
Signature <input type="checkbox"/> Administrator <input type="checkbox"/> Fiduciary <input type="checkbox"/> Trustee	

Authorized Person Name:	Date:
Signature <input type="checkbox"/> Administrator <input type="checkbox"/> Fiduciary <input type="checkbox"/> Trustee	

Authorized Person Name:	Date:
Signature <input type="checkbox"/> Administrator <input type="checkbox"/> Fiduciary <input type="checkbox"/> Trustee	