



TRUSTEE CERTIFICATION OF INVESTMENT POWERS (TCIP) FORM

Please indicate the Investment Fund name(s) and account number(s) for which the change is requested ("the Company"):

Name(s) of the Investment Fund(s) (Required)

Account number(s) of the Investment Fund(s) (Required)

This certification may be used in connection with investments by a trust (the "Trust") in Shares/Units of the Company. For multiple investments in separate registrations, the investor must complete one form for each registration.

1. The title of the Trust to which this certification applies is: \_\_\_\_\_
2. The date of the Trust is: \_\_\_\_\_
3. The SSN/Tax ID of the Trust is: \_\_\_\_\_
4. The date of the latest Amendment to the Trust (if any) is: \_\_\_\_\_
5. The grantor(s) or testator(s) of the Trust is/are: \_\_\_\_\_
6. The Company has the authority to accept orders and instructions relative to the trust account from designated trustees, who are:

Trustee Name (Please Print)	Date of Birth	Trustee Name (Please Print)	Date of Birth
Trustee Name (Please Print)	Date of Birth	Trustee Name (Please Print)	Date of Birth

7. Please select **one** of the following three options:
- ☐

The Trustee(s) listed above may act independently as provided in the trust document referenced above, and the execution by any one Trustee can bind the Trust.
- ☐

The Trustee(s) listed above may act as a majority as provided in the trust document referenced above.
- ☐

The Trustee(s) listed above must act unanimously as provided in the trust document referenced above, and the execution by or authorization of all the Trustees is required to bind the Trust.
8. (a) We, the Trustees, certify that we have the power under the Trust and applicable law to provide any instructions or directions relating to the Trust's shares/units in the Company, including but not limited to, (A) participation in the distribution reinvestment plan of the Company, (B) the implementation of any transfer or assignment of some or all of the Trust's shares/units in the Company, or (C) the redemption of some or all of the Trust's shares/units in the Company.  
  
(b) We, the Trustees, jointly and severally, indemnify the Company and hold the Company harmless from and against any liability relating to effecting any orders, transactions, instructions or directions given by any individuals listed in this agreement.  
  
(c) We, the Trustees, agree to inform the Company, in writing, of any amendment to the Trust, any change in the composition of the Trustees or any other event which could alter the certifications made above.

9. **All trustees must sign and date.**

Should only one person execute this agreement, it shall be representative that the signer is the sole Trustee. Where applicable, plural references in this certification shall be deemed singular. The Company in its sole discretion, may in certain instances require the written consent of any or all of the Trustees prior to acting upon the instructions of any Trustee. The Company may require a copy of the trust in certain instances.

\_\_\_\_\_  
Trustee Signature

\_\_\_\_\_  
Trustee Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trustee Signature

\_\_\_\_\_  
Trustee Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

(This space intentionally left blank.)

**MAIL OR FAX COMPLETED FORM ALONG WITH ALL REQUIRED DOCUMENTS TO:**

**Regular Mail:**

INLAND  
c/o SS&C GIDS, Inc.  
P.O. Box 219182  
Kansas City, MO 64121-9182

**Overnight Delivery:**

INLAND  
c/o SS&C GIDS, Inc.  
801 Pennsylvania Avenue  
Kansas City, MO 64105-1307

**Questions:**

Inland Investor Services  
866-MY-Inland (866-694-6526)  
**Fax:** 855-223-2479