

409 Silverside Road, Suite 105
Wilmington, DE 19809
P: 800.650.5904
F: 302.791.5680
www.advisorbank.com

Name of Partnership: _____

Type of Partnership: (circle one) Limited Partnership/Limited Liability Partnership/General Partnership

Address: _____

Employer ID #: _____

Account#: _____

I/WE, the undersigned, hereby certify to **Advisor Bank** that, _____ is a Partnership duly organized and existing under the laws of the state of _____.

Resolved, that the aforementioned Bank is hereby designated as a depository of this Partnership and that a checking account be opened and maintained in the name of this Partnership with said Bank; that _____ of the undersigned partners of this Partnership:

| Name and Title | Signature | Facsimile Signature (if used) |
|----------------|-----------|-------------------------------|
| [A] | | |
| [B] | | |
| [C] | | |
| [D] | | |

is/are hereby authorized, on behalf of this Partnership, and in its name: to sign checks, notes, bills of exchange, acceptances, or other orders for the payment of money from said account; to endorse checks, notes, bills, certificate of deposit, or other instruments, owned, or held by this Partnership, for deposit in said account, or for collection or discount by said Bank; to accept drafts, acceptances, and other instruments payable at said Bank; to waive demand, protest, or dishonor of any check, note, bill, draft, or other instrument made, drawn, or endorsed by this Partnership; and

Further Resolved, that said Bank be and it hereby is authorized to honor, receive, certify, or pay all instruments signed in accordance with the foregoing authority even though drawn or endorsed to the order of any partner signing the same or tendered for cashing, or in payment of the individual obligation of such officer, or for deposit to his personal account, and said Bank shall not be required, under any obligation to inquire as to the circumstances of the issuance, or use of any instrument signed in accordance with the foregoing authority, or the application, or disposition of such instrument, or the proceeds thereof; and

Further Resolved, that the foregoing authority shall remain in full force and effect until written notice of their amendment or rescission shall have been received by said Bank, and that receipt of such notice shall not affect any action taken by the Bank prior thereto.

IN WITNESS WHEREOF, the undersigned have executed this Certification on the ____ day of _____, _____.

Partner/Managing Partner

For fast service you may **fax** this form to us at 302.791.5680 or please mail to:

Advisor Bank
Attn: Operations Department
409 Silverside Road, Suite 105
Wilmington, DE 19809

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.