Trustee Verification

NI AE Assaust #.



Questions? Call 1-877-677-3523

Schedule A

<u>Instructions</u>: This document should be completed in addition to the **NLAF Trusteed Account Application** when a Trustee is opening a Trustee-held Account for the benefit of an Investor. Please have all three interested parties sign and date this document. Once completed, submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of this page.

			NLAF ACCOUNT #.	(Fund Use Only)	
SCH	EDULE A DETAIL: (Please read, complete	e, sign and date this section.)			
\ Trı	ustee-held Account should be opened ir	n NLAF. The undersigned hereby acknowledg	e:		
1.	The Account is for the benefit of the f	ollowing investor:	(Enter the name of the NLAF Investor.)		
2.	. The undersigned reviewed, and are familiar with, the relevant trust document. A copy of the first page of the trust document is attached.				
3.	Based on our review of the trust docu	our review of the trust document, we have determined or confirmed that:			
	a. The Fiduciary, Trustee, or Fiscal	Agent which has been appointed under the ti			
	b. NLAF is an authorized investment the Fund.	nt under the trust document, and the Truste	, ,,,	ustee or Fiscal Agent.) the Fund and to invest in	
4.		d in the name of the Trustee for the benefit th respect to opening and closing the Accou ares.			
Inve	estor Authorized Signatory	Title	Signature	Date	
Trustee, Fiduciary, or Fiscal Agent		Title	Signature	Date	
FUN	ID USE ONLY:				
NLA	AF Representative	Title	Signature	Date	
REQ	UIRED DOCUMENTATION: (Please inc	clude the following required documents with this So	chedule A.)		
	New Investor Application ONLY FOR NEW INVESTORS)	Trusteed Account Application	Trust Document (A copy o	of the first page)	
• (Contact Record (New Contacts Only)	 Permissions 			

Any document containing sensitive information received by email will not be accepted. Please send by uploading through Connect, fax, or mail.					
SEND VIA CONNECT:	Log in to Account Access	FAX TO:	NLAF Client Services Group	MAIL TO:	NLAF Client Services Group

Existing Connect Click ☑ Secure Contact
Users Only Select file to upload - Send message

FAX TO: NLAF Client Services Group 1-888-535-0120 MAIL TO: NLAF Client Services Group P.O. Box 11760
Harrisburg, PA 17108

FUND USE ONLY				
V2022.03	INITIALS			
Processed				
Confirmed				