

Certificate of Authority

Each of the undersigned hereby certifies, warrants and represents to Flourish Financial LLC ("Flourish") that _____ (name of the organization) (the "Organization") is a:

- Member-managed limited liability company (LLC) and the undersigned are all of the members of the LLC
- Manager-managed limited liability company (LLC) and the undersigned are all of the managers of the LLC
- General Partnership and the undersigned are all of the partners of the General Partnership
- Limited Partnership and the undersigned are all of the general partners of the Limited Partnership

Each of the undersigned further certify, warrant and represent to Flourish that the Organization is authorized as follows:

1. Each individual listed below who the Organization is seeking to name an Authorized Person with respect to the Organization's account with Flourish (each, an "Authorized Person") is authorized to (1) provide tax certifications; (2) establish, maintain, and operate any account(s) with Flourish on behalf of the Organization and to bind the Organization to the Application Agreement and all incorporated agreements and disclosures, each as amended from time to time (the "Agreement and Disclosures"), the current versions of which have been made available to the Organization; and (3) designate persons to operate such account(s).
2. Each Authorized Person is authorized to act individually, independently, and without the consent of any owner, member, manager, or partner of the Organization. Notice sent to any Authorized Person will constitute notice to the Organization. Nothing in the organizational documents, agreements, and laws governing the Organization imposes any obligation upon Flourish for determining the purpose or propriety (i) of any instructions received from any Authorized Person or (ii) of payments or deliveries to or among Authorized Persons.
3. In the exercise of such authority, each Authorized Person is empowered, on behalf of the Organization, to use or acquire any service offered by Flourish and to execute and deliver any and all documents, in the name of and on behalf of the Organization as may be requested or required by Flourish. This authority includes the power to open, now or in the future, one or more accounts, and with respect to each account, to execute, on behalf of the Organization, any and all forms and agreements, and to deal and transact with Flourish in connection with the accounts in all respects, including appointing individuals to act on behalf of the Organization with respect to the account or terminating such appointments. This authority also includes the power to instruct the transfer of funds from the account to or for the account of any other person, including the Authorized Person giving the instruction, without limit as to amount and without inquiry.
4. The authority thereby conferred is not inconsistent or in conflict with any organizational documents, resolutions, agreements, other applicable constituent documents, or laws governing the Organization and is within the Organization's power and authority and agreements and laws governing the Organization.
5. In case of the death or withdrawal of any one of the partners or members, or in case of the termination or dissolution of the Organization, each of the undersigned agrees to notify Flourish promptly in writing and to execute any supplementary authorization that Flourish may require in such an event. If Flourish is not notified in writing, Flourish is authorized to continue to receive orders for the account(s) that may be given to Flourish by any one of the Authorized Persons then surviving.
6. All actions previously taken with respect to matters described in this Certification are ratified, confirmed, and approved.

Authorized Person(s): _____
(Please print names)

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Signatures. Each of the undersigned certifies that the information set forth in this Certificate of Authority is true and correct, and that Flourish may conclusively rely upon this Certificate of Authority until the Organization delivers a written replacement Certificate of Authority to Flourish at an address specified by Flourish.

Required Signatures:

- **Member-managed limited liability company:** All members must sign below.
- **Manager-managed limited liability company:** All managers must sign below.
- **General Partnership:** All partners must sign below.
- **Limited Partnership:** All general partners must sign below.

Signature: _____ Name: _____ Date: _____

Title (Select only one):

- | | |
|--|--|
| Member-managed limited liability company | <input type="checkbox"/> Member |
| Manager-managed limited liability company | <input type="checkbox"/> Manager |
| General Partnership | <input type="checkbox"/> Partner |
| Limited Partnership | <input type="checkbox"/> General Partner |

Signature: _____ Name: _____ Date: _____

Title (Select only one):

- | | |
|--|--|
| Member-managed limited liability company | <input type="checkbox"/> Member |
| Manager-managed limited liability company | <input type="checkbox"/> Manager |
| General Partnership | <input type="checkbox"/> Partner |
| Limited Partnership | <input type="checkbox"/> General Partner |

Signature: _____ Name: _____ Date: _____

Title (Select only one):

- | | |
|--|--|
| Member-managed limited liability company | <input type="checkbox"/> Member |
| Manager-managed limited liability company | <input type="checkbox"/> Manager |
| General Partnership | <input type="checkbox"/> Partner |
| Limited Partnership | <input type="checkbox"/> General Partner |

Signature: _____ Name: _____ Date: _____

Title (Select only one):

- | | |
|--|--|
| Member-managed limited liability company | <input type="checkbox"/> Member |
| Manager-managed limited liability company | <input type="checkbox"/> Manager |
| General Partnership | <input type="checkbox"/> Partner |
| Limited Partnership | <input type="checkbox"/> General Partner |

If there are more than four required signatories, please contact Flourish at support@flourish.com or (833) 808-5700.