



Account Number

(Will apply to all TradeStation accounts of the deceased, even if separate account numbers are not shown.)

Full Legal Name

being duly sworn, deposes and says that he/she resides at:

Street Address

City

State

Zip

and is the: Executor Administrator Survivor

of (name of deceased)

who died on (date of death)

and that, at the time of death, the primary residence of the decedent was

Street Address

City

State

Zip

and that this affidavit is made for the purpose of inducing TradeStation to effectuate the transfer of securities, contracts, funds, digital assets and other account assets owned in the name of the decedent at the time of death.

Signature

Date

NOTARIZATION
(required)

STATE OF _____, COUNTY OF _____

On the _____ day of _____, in the year 20_____, before me personally came each of the individuals listed above to me known, and known to be the individual(s) described herein, and executed the foregoing Certificate of Trustee(s) and duly acknowledged to me that he/she/they executed the same.

Notary Public

My commission expires

THIS FORM WILL NOT BE ACCEPTED UNLESS NOTARIZED