Please return the form via fax to: 866.356.7937.

You may also call Merrill at 844.677.2542 option 2 with any questions.

Representatives are available to assist you Monday–Friday, 8 a.m.–8 p.m. Eastern.

Merrill

Address verification letter of authorization

To verify a residential address for opening a new account, please complete this form. This form must be notarized.

Application ID _____

I hereby verify that _____ resides with me,
(Applicant first and last name)

_____, at the following address:
(First and last name)

Street: _____

City: _____

State: _____

ZIP Code: _____

Signature _____ Date ____/____/_____

- **Along with this letter, the resident will be requested to provide additional address verification document(s).**
- **Please ensure appropriate Notary section on page 2 or 3 is completed.**

Merrill Lynch, Pierce, Fenner & Smith Incorporated (also referred to as "MLPF&S" or "Merrill") makes available certain investment products sponsored, managed, distributed or provided by companies that are affiliates of Bank of America Corporation ("BofA Corp."). MLPF&S is a registered broker-dealer, registered investment adviser, Member SIPC and a wholly owned subsidiary of BofA Corp.

Investment products:

Are Not FDIC Insured	Are Not Bank Guaranteed	May Lose Value

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of _____ County of _____

The foregoing instrument was acknowledged before me, a Notary Public, this _____ day of _____, 20_____

by _____, the person whose name is subscribed to the within
(Insert name of Client/Principal, not Notary's name)

instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person or entity upon which the person acted, executed the instrument.

PLEASE CHECK ONE OF THE FOLLOWING (REQUIRED): ☐ Personally known to me OR ☐ Produced identification

_____
Type of identification produced

WITNESS my hand and official seal.

_____ **(Seal)**
Signature of Notary Public

_____ _____
Print name of Notary Public **My commission expires**

FOR CALIFORNIA

CALIFORNIA NOTARIES MUST USE THIS ACKNOWLEDGMENT FORM OR THE NOTARIAL ACKNOWLEDGMENT FORM AVAILABLE ON THE CALIFORNIA SECRETARY OF STATE WEBSITE.

ACKNOWLEDGMENT

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy or validity of that document.

State of California, County of _____

On _____ before me, _____
(Date of execution) **(Insert name and title of the officer)**

personally appeared _____, who proved to me on the basis of
(Insert name of Client/Principal, not Notary's name)

satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under penalty of perjury under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

(Seal)

_____
Signature

NOTARY PAGE FOR FLORIDA

Please note that all fields, including the boxes below, must be completed by the Notary Public or the document will be returned. This acknowledgment must be used by notaries in Florida.

Agreed and Certified to this _____ day of _____ year of _____

Signature of trustee: _____

Please note that all fields, including the boxes below, must be completed by the notary (or the document will be rejected). This acknowledgment may not be used by California notaries. California notaries are to use the acknowledgment on the previous page (page 2), or the notarial acknowledgment available on the California Secretary of State website.

NOTARY ACKNOWLEDGMENT:

State of _____ County of _____

The foregoing instrument was acknowledged before me, a Notary Public, by means of (check one)

☐ physical presence or ☐ online notarization,

this _____ day of _____, 20____ by _____,
(Insert signer's name, NOT Notary's name)

the person whose name is subscribed to within this instrument and acknowledged to me that he/she executed the same in his/her authorized capacity.

PLEASE CHECK ONE OF THE FOLLOWING (REQUIRED):

☐ **Personally known or** ☐ **Produced the following type of identification:** _____

_____
WITNESS my hand and official seal

_____ _____
Signature of Notary Public Print name of Notary Public

My commission expires: _____ (Seal)

***All signatures must be acknowledged by a Notary Public. Copy this page as needed.**

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