

[Date]

[Plan Administrator Name]

[Company Name]

[Address]

[City, State, Zip Code]

RE: Certification of Investment Information for [Name of Employee Benefit Plan]

To the Plan Administrator:

In connection with the audit of the financial statements of the **[Name of Employee Benefit Plan]** (the "Plan") for the plan year ended **[Year End Date]**, **[Name of Financial Institution]** (the "Institution") provides the following certification:

The Institution held the assets of the Plan as trustee or custodian during the period from **[Start Date]** to **[End Date]**. The attached reporting, which includes a statement of plan assets and a summary of investment activity, is a complete and accurate reflection of the records of the Institution.

In accordance with Department of Labor (DOL) Regulations 29 CFR 2520.103-8 and 2520.103-5, the Institution hereby certifies that the information contained in the attached reports regarding the Plan's investment assets and transactions is complete and accurate in all material respects.

This certification is intended for use in the Plan's "limited scope" audit as permitted under ERISA Section 103(a)(3)(C).

Sincerely,

[Signature of Authorized Officer]

[Printed Name of Authorized Officer]

[Title]

[Name of Financial Institution]