

**Form 40 CERTIFICATION BY TRUSTEE OF
QUALIFIED BLIND TRUST**

I, _____ (name of trustee),
the trustee of a trust executed on _____, 20 _____,
and named or identified as the _____
(name of trust), by _____ (name of
public officer), a public officer within the State of Florida who holds the office of
_____(name of office held),
hereby certify that the trust meets all of the requirements of Section 112.31425, Florida
Statutes, as enacted by Chapter 2013-36, Section 5, Laws of Florida.

(Status of trustee--bank, trust company, other institutional fiduciary,
attorney, certified public accountant, broker, or investment advisor)

(Date this certification made)

(Signature of person making certification)

(Printed name of person signing)

Person signing is individual trustee OR agent for institutional fiduciary