

# TRUST Signature Authorization Form



ARABIAN HORSE ASSOCIATION<sup>SM</sup>

10805 East Bethany Drive | Phone 303-696-4500  
Aurora, Colorado 80014 | Fax 303-696-4599  
www.ArabianHorses.org | info@ArabianHorses.org

**Instructions:** For the Arabian Horse Association's purposes, a trust is a declaration that specified property will be held in trust for a beneficiary. This trust authorization form must be completed by the trustee of the trust.

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## RECORDED OWNER INFORMATION

Owner/Trust Name \_\_\_\_\_ Owner/Member # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail \_\_\_\_\_

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## AUTHORIZATION INFORMATION

The following person(s) is authorized to act on behalf of the recorded owner/trust listed above. This person(s) is authorized to sign all AHA Registry documents pertaining to this ownership or pertaining to the Arabian horses recorded in this ownership, and to deliver such documents to AHA:

\_\_\_\_\_  
**Name** of Authorized Person (type or print) Title (if applicable)

\_\_\_\_\_  
**Signature** of Authorized Person Date

\_\_\_\_\_  
**Name** of Authorized Person (type or print) Title (if applicable)

\_\_\_\_\_  
**Signature** of Authorized Person Date

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## AFFIRMATION

I affirm I am Trustee of the recorded owner/trust listed above, and possess full legal power and authority to make this authorization.

I acknowledge and agree the signature of *any one* authorized person will be sufficient to transact business with AHA on behalf of this recorded owner.

I agree that this authorization will become effective upon receipt by AHA and will remain in effect until a written notice of change or revocation is received by AHA.

\_\_\_\_\_  
Trustee Name (type or print)

\_\_\_\_\_  
**Trustee Signature**

\_\_\_\_\_  
Date