

Client Services 866.928.9394 512.637.5739

Section 1

www.StrataTrust.com

Account Representative Designation Request

Send to: (Please submit using one method)

Email: AccountMaintenance@StrataTrust.com

Fax: 512.495.9554

US Mail: PO Box 23149, Waco, TX 76702

Overnight: 7901 Woodway Dr., Ste 200, Waco, TX 76712

Please complete the information on this form if you wish to add or remove a Representative on your account.

Account Information

| Accountholder Name Daytime Phone Number | | Account Number Email Address | Number Email | | | |
|--|-----------------------|---------------------------------------|-----------------|--------------------------|-----|--|
| Section 2 Representative Designation | | | | | | |
| I hereby elect to add or designate the Representative whose name and information is shown below. This will remove all previous designations. I hereby elect to remove the Representative which I previously designated on my Account. | | | | | | |
| Rep Name | | | | Rep # (if applicable) | | |
| Company Name | | | | | | |
| Rep Address | I | City | | State | Zip | |
| Rep Phone | Rep Fax | | | Rep Email | | |
| Section 3 Signature(s) | | | | | | |
| I understand that I have the option to designate or remove an Account Representative ("Representative") on my Account at any time. My Representative may be my financial professional, broker or other person or firm I choose. However, it may not be STRATA Trust Company ("STRATA") nor any sponsor or affiliate of an investment held within my Account. If designating a Representative, my Representative will act as my agent with regard to directives on my Account with STRATA. My Representative has the power to: (1) authorize instructions and investment directions on my behalf to STRATA, (2) receive copies of any and all correspondence related to my Account with STRATA, including, but not limited to, my Account statements, and (3) have unlimited access to information regarding my Account with STRATA. I understand that my Representative is not in any way an agent, employee, representative or an affiliate of STRATA. If removing a Representative, I authorize STRATA to notify that Representative of the removal. By signing below, Accountholder and Representative acknowledge and agree to the following terms and conditions: 1. My Representative is in no way an agent, employee, representative or an affiliate of STRATA. 2. My Representative will have the power to: (1) authorize instructions and investment directions on behalf of my Account, (2) receive copies of any and all correspondence related to my Account, including, but not limited to, my Account statements, and (3) will have unlimited access to information regarding my Account. 3. By appointing the Representative manded herein, I certify that such Representative is on individual or firm in which my Account has invested. I understand that it is my responsibility to ensure that the Representative is independent of and in no way affiliated with the investments held in my Account. I acknowledge that STRATA is in no way responsible for determining this relationship. 3. It is my responsibility to communicate all trade and/or investment instructions freceived by STRATA. | | | | | | |
| Accountholder Signature | countholder Signature | | Date | | | |
| Accountholder's Designated Representative Signature | | | Date | Date | | |