



REPRESENTATIVE AUTHORIZATION

You must complete this authorization form to allow your Representative to gain access to your account information. This form does not authorize your Representative to execute any transactions on your behalf, nor does it authorize them to give us verbal confirmations regarding investments, distributions and expense payments on your behalf. To remove and/or replace a Representative on your account, please complete Section C of this form. To change your "Primary Contact" designation, complete Section D of this form.

Return by mail: 221 South Phillips Avenue, Suite 206, Sioux Falls, SD, 57104 | E-mail: info@IRAFinancialGroup.com For inquiries, call: 800-472-1043 or visit IRAFINANCIALTRUST.COM

A. IRA OWNER IDENTIFICATION

FULL NAME _____ PHONE NO. _____ ACCOUNT NO. _____

B. ADD A REPRESENTATIVE TO MY ACCOUNT All fields marked with an asterisk (*) below are required

REPRESENTATIVE NAME * _____ REPRESENTATIVE EMAIL ADDRESS * _____
FIRM/COMPANY NAME _____ PHONE NUMBER * _____ FAX NUMBER _____
MAILING ADDRESS * _____ CITY/STATE/ZIP * _____
FOR CUSTODIAL USE ONLY

DESIGNATE THIS REPRESENTATIVE AS A "PRIMARY CONTACT"?

YES - Select this option if this Representative is to be contacted first should any questions or concerns arise regarding your account. NOTE: Should we require a verbal confirmation of your investment, distribution and expense payment requests, we will contact you, not your designated Primary Contact.
NO - Select this option if this Representative is NOT to be contacted first should any questions or concerns arise regarding your account (default if neither option is selected).

AUTHORIZATION & ACKNOWLEDGMENT:

By signing Section D below, I hereby authorize IRA Financial Trust Company as Custodian, and their affiliates, to allow the aforementioned Representative to:

- Access my account information, including copies of my account statements, tax filings and online account information.
- Contact IRA Financial Trust Company to discuss my account holdings and activity.
- Receive email notifications from IRA Financial Trust Company regarding my account.

I hereby acknowledge that the aforementioned Representative does not have the authorization to execute any transactions on my behalf without a Power of Attorney.

C. REMOVE A REPRESENTATIVE Complete this section only if you wish to remove a representative from your account

Name of Current Representative: _____

Check this box if you would like to remove the above - named Representative from your account
Check this box if you wish to replace the above - named Representative, then complete section B of this form with your new Representative's information. If you do not wish to replace the above - named Representative, do not check this box.

D. CHANGE "PRIMARY CONTACT" DESIGNATION

Name of Current Representative: _____

Select one of the following options:

Remove the "Primary Contact" status of the above-named Representative. This Representative is NOT to be contacted first should any questions or concerns arise regarding my account; please contact me instead.
I would like to designate the above-named Representative as a "Primary Contact". I would like you to contact him/her first should any questions or concerns arise regarding my account. (You do not need to select this option if you have completed Section B above.)
NOTE: Should we require a verbal confirmation of your investment, distribution and expense payment requests, we will contact you, not your designated Primary Contact.

E. RA OWNER SIGNATURE

IRA Owner Signature

_____/_____/_____
Date