



By submitting this completed form, the individual listed below will be granted full access to your account and authority to provide direction on your behalf.

Please complete and submit this form via one of the following methods:

Mail: Madison Administration Company, One Paragon Drive, Suite 275, Montvale, NJ 07645 · **Fax:** (845) 947-1212 · **Secure Upload:** www.madisontrust.com/uploads

A. ACCOUNTHOLDER INFORMATION

Full name

Account number

B. ADD AN AUTHORIZED REPRESENTATIVE

The Authorized Representative listed below will have full access to your account and is authorized to instruct Madison Trust concerning your account. This includes having control over cash and assets, all client information, and the ability to authorize transactions without the client's confirmation.

Authorized Representative Contact Information

Name	Email address		
Firm/company name	Mobile number	Fax number	
Mailing address	City	State	ZIP
Date of birth *	Last 4 digits of Social Security Number*		

Do you want the Authorized Representative to be the Primary Contact for your account?
(The Primary Contact is contacted first should any questions or concerns arise regarding your account.)

- Yes – The above listed party is the Primary Contact for my account.
 No – The above listed party is not the Primary Contact for my account.



C. ACKNOWLEDGMENT & SIGNATURE

In making this appointment, I acknowledge that I have selected and appointed my Authorized Representative based solely on my own due diligence. I acknowledge that Madison Trust and Madison Administration do not control, approve, recommend, or endorse any potential Authorized Representative, including the individual(s) I have chosen to appoint. I acknowledge that I have sole responsibility for instructing and monitoring the Authorized Representative. I agree that Madison Trust and Madison Administration shall be entitled to construe and rely on each written or oral directive provided by the Authorized Representative as having been fully authorized by me, and that Madison Trust and/or Madison Administration shall be entitled to all the same protections and indemnities in its reliance upon and execution of the directives of my Authorized Representative as if such directives were given by me. In other words, I recognize that my Authorized Representative can undertake any transactions in my account that I can, Madison Trust and/or Madison Administration is authorized to rely on instructions by the Authorized Representative as if I had given those instructions, and Madison Trust and/or Madison Administration shall have no liability for following those instructions. I further acknowledge that my Authorized Representative is not an employee, agent, or affiliate of Madison Trust and/or Madison Administration. I agree that Madison Trust and Madison Administration shall have no liability and shall not be responsible for any losses resulting in any way from any act or omission by my Authorized Representative, and I agree to reimburse and indemnify Madison Trust and/or Madison Administration for any losses that Madison Trust and/or Madison Administration may incur as a result of such directions, actions, or failures to act.

By signing below, I hereby authorize Madison Trust as Custodian, and their affiliates, to allow the aforementioned Authorized Representative to:

- Access my account information, including copies of my account statements, tax filings and online account information.
- Contact Madison Trust to discuss and direct my account holdings and activity.

I hereby acknowledge that the Authorized Representative designated above may direct transactions on behalf of my account.

I hereby appoint the Authorized Representative added above as my attorney-in-fact for the limited purposes set forth above. This appointment shall survive my incapacity or disability and shall remain in effect until I (or my duly-appointed guardian or conservator) revokes the appointment in a writing or electronic communication delivered to Madison Trust or upon my death. This appointment shall be governed by the laws of the state of South Dakota applicable to powers of attorney.

Accountholder signature _____ Date _____

Notary signature is required

State of _____ County of _____

On this _____ day of _____, 20_____, before me personally appeared _____, known to me or satisfactorily proven to be the person whose name(s) is/ are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal. (Seal)

Signature: _____ Title of Officer: _____

My Commission Expires: _____