

REPRESENTATIVE AUTHORIZATION



MADISON TRUST COMPANY

You must complete this authorization form to allow your Authorized Representative or Interested Party to gain access to your account information.

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 OR INTERESTED PARTY TO MY ACCOUNT

What kind of party would you like to add to your account? (choose one)

- Interested Party (default) - An Interested Party is authorized to access account information but is not authorized to provide directions.
Account Representative - An Account Representative has full access to your account and is authorized to instruct Madison Trust concerning your account.

Account Representative/Interested Party Contact Information

Name

Email address

Firm/company name

Phone number

Fax number

Mailing address

City

State

ZIP

Date of birth*

Last 4 digits of Social Security Number*

Do you want the Account Representative/Interested Party 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. REMOVE AN AUTHORIZED REPRESENTATIVE OR INTERESTED PARTY

Please remove the following Authorized Representative or Interested Party from my account:

D. ACKNOWLEDGMENT & SIGNATURE

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

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

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

Accountholder signature

Date