



AUTHORIZED TRADING and/or INTERESTED PARTY

This form allows you to designate those parties who are authorized to PLACE TRADES for your account and those parties whom you wish have Non-Trading Access to your account. If you have authorized a party to trade on your account, Trust Company of America will accept trades from this party without contacting you for authorization. To terminate trading and/or non-trading access for your account, you must provide written notice to Trust Company of America.

Instructions for Completing Form

- Please print clearly in all CAPITAL LETTERS and use black ink to complete the form.
- If you have filled out Section II, the Authorized Trading Party must complete an Identification Form.
- Section III is optional.
- Section IV must be completed.

Section I Account Information

Account Number _____

Account Name _____

Section II Authorized Party(ies)

I authorize these party(ies) to enter purchase and sale transactions for my account. I understand that this party(ies) will automatically receive a copy of my statement. This party may obtain information regarding my account via telephone, fax and written correspondence.

The Authorized Trading Party **MUST complete** an Identification Form, found at www.trustamerica.com, in order to be allowed trading privileges. In addition, this party **MUST** sign below as acknowledgment of appointment as an Authorized Trading Party.

Name _____

Signature of Authorized Trading Party _____ Date _____

Is this person registered with the NASD? Yes No
(National Association of Securities Dealers)

If YES, the name of the firm is required (below)

Name of Broker-dealer Firm (if applicable) _____

Firm's address _____

City _____ State _____ Zip _____

Telephone Number _____

Section III Interested Party(ies)

I authorize these party(ies) the following limited access to my account, but they may NOT enter purchase and sales orders to my account.

- Inquiries on my account via telephone, fax and written correspondence, including email.
- Online inquiry access to my account
- Receive a copy of my statement

Name _____

Address _____

City _____ State _____ Zip _____

Tel.# _____

Section IV Signature and Disclosure

I understand it is my responsibility to monitor all transactions in my account. I agree that Trust Company of America is under no obligation or duty to investigate or inquire about any instructions or direction from the designated Authorized Party (ies). Furthermore, I agree to at all times indemnify and save harmless Trust Company of America, its representatives and assigns, from and against any and all claims, damages, actions, charges, and expenses sustained or incurred by reason of your acting upon, and shall not be responsible for the authenticity of, any instructions or direction received pursuant to this authorization. I understand that this Authorization remains in effect until revoked, in writing, by me or upon my death.

Client Signature _____

Date _____

Medallion Signature Guarantee or Notary: