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**OPTIONAL AUTHORIZATION CHANGE**

PLEASE PRINT CLEARLY. A DELAY IN PROCESSING MAY OCCUR IF INSTRUCTION IS UNCLEAR.

**1 ACCOUNT HOLDER INFORMATION**

ACCOUNT HOLDER NAME		ACCOUNT NUMBER
ADDRESS		
CITY	STATE	ZIP CODE

**2 REPRESENTATIVE DESIGNATION AND DEALER IDENTIFICATION CHANGE**

I hereby revoke any and all prior representative designations and elect to have no representative designated on the above referenced account at this time. I understand that, by making this election, I will be solely responsible for communicating all investment directions for my account to Sterling Trust.

I hereby revoke any and all prior representative designations and instruct Equity Trust Company, d.b.a. Sterling Trust ("Sterling Trust" or "Sterling"), pursuant to the provisions of this Section and the Sterling Trust Individual Retirement Account Disclosure Statement, to pay for and/or receive payment from security or other investment transactions communicated by the representative designated below, as indicated by broker confirmations of trade, or other requests for payment received by Sterling Trust. I understand that it is solely my responsibility to direct my Designated Representative to execute trades or other investments for my Sterling Trust account, and all instructions, directions, and/or confirmations received from my Designated Representative shall be assumed by Sterling Trust to have been authorized by me.

I hereby agree to indemnify and hold Equity Trust Company, d.b.a. Sterling Trust harmless in its reliance upon any certificate, notice, confirmation, instruction, or other written or verbal (if so elected in Telephone Authorization section below) communication purporting to have been delivered at my direction on behalf of my retirement plan by my Designated Representative or brokerage firm. Sterling Trust shall not be held liable for any loss or breach of trust of any kind which may result from any action that it takes in good faith in accordance with such certificate, notice, confirmation, instruction, or other communication.

REPRESENTATIVE NAME	REPRESENTATIVE NUMBER	BRANCH
REPRESENTATIVE ADDRESS	E-MAIL ADDRESS	
CITY	STATE	ZIP CODE
BROKER DEALER NAME		
BROKER DEALER ADDRESS	E-MAIL ADDRESS	
CITY	STATE	ZIP CODE
		PHONE NUMBER

**3 TELEPHONE AUTHORIZATION**

I hereby revoke any prior telephone authorizations in favor of the following election (check one box only):

I authorize Sterling Trust to honor telephone transaction requests from either me or my Designated Representative if one has been elected. My Social Security number will be required as verification before any requests will be accepted. I understand and agree that Sterling Trust will not be liable for any loss, expense, or cost arising out of and requests effected hereunder. (NOTE: This authorization applies only to investment directions given to Sterling Trust. It does not automatically authorize telephone exchange or redemption privileges for any investment.)

I authorize Sterling Trust to discontinue honoring telephone transactions on my account.

**4 PAYMENT OF ANNUAL ACCOUNT FEES**

I hereby revoke any prior fee payment authorization in favor of the following election. Annual Account Fees for my IRA should be (check one box only):

Invoiced annually to my address of record.

Automatically withdrawn from the assets of my IRA account.

**SIGN & DATE**

Signature of Account Holder \_\_\_\_\_ Date \_\_\_\_\_ Signature of Custodian \_\_\_\_\_ Date \_\_\_\_\_