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ACCOUNT OWNER AUTHORIZATION FOR RIA DIRECTED DISTRIBUTION FOR CUSTODY ACCOUNTS

To complete this form, you will need your:

- Social Security Number
- E-mail Address
- Distribution Type
- Millennium Account Number
- Investment Advisor's Information
- Banking Information (if funds are to be wired or sent by ACH)

Please print after completion. For assistance with this form, contact a Client Service Specialist during regular business hours, Monday - Friday, 8:00 am to 4:30 pm CT.

A Account Owner Information

All fields are required in section A.

Name:

Millennium Account No.:

Address:

City:

State:

Zip:

Home Telephone No.:

Work Telephone No.:

E-mail Address:

Social Security No.:

Date of Birth:

Please supply the contact information we have on file for you in order for us to process this request without delays.

Check here if making a change to information on a prior Account Owner Authorization For RIA Directed Distribution for Custody Accounts.

B Investment Advisor Information

Please provide if authorization is limited to a specific individual. ▶

Firm Name:

Investment Advisor's Name:

Address:

City:

State:

Zip:

E-mail:

Phone No.:

Please continue to page two to complete this form.



C Payment Delivery

Your Investment Advisor may direct that funds for distributions be delivered by any one of the following methods which you authorize below. Checks will be sent to you via U.S. Mail. Any taxable distribution request over \$200,000 will be processed as a Direct Deposit to Bank (ACH) or Wire.

Standard NACHA Operating Rules apply.

- Mail a check to the address of record.
- Direct Deposit to Bank (ACH) - Please submit a voided check (starter checks are not acceptable) and provide the financial institution's ACH instructions below. **Note: For accounts without checks, submit a preprinted deposit slip or a letter from the other financial institution, on letterhead and signed by an officer.** This documentation must include the account title, account number, ABA routing number and account type.
- Wire funds - Not available for Systematic payments. *(Additional fees may apply.)* Please complete banking information below. **Note:** Account Owner may be contacted for further verification of the banking information provided.

List all Banks or Financial Institutions that you authorize your Advisor to use to receive future distributions.

Banking Information

▶ Bank Name:

Bank Address:

City:

State:

Zip:

ABA Routing No.:

Bank Account No.:

Name of Bank Account:

Other Banking Information

Bank Name:

Bank Address:

City:

State:

Zip:

ABA Routing No.:

Bank Account No.:

Name of Bank Account:

Please ensure the accuracy of your financial institution's ACH/wire instructions. An additional fee will be charged if a ACH/wire is rejected due to the incorrect instructions.

D Investment Advisor Distribution Direction and Indemnity

I, the Account Owner, direct Millennium Trust Company, LLC ("Millennium Trust") to accept instructions from time to time from my Investment Advisor identified in Section B of this form:

1. to distribute funds to me from my Millennium Account identified in Section A of this form, in the amount or amounts specified by my Investment Advisor by any of the delivery methods which I have authorized in Section D above;
2. to accept my Investment Advisor's instructions as to the establishment and modification of systematic payments, including amount, starting date and frequency of systematic payments; and

I acknowledge and agree that Millennium Trust shall treat each distribution directed by my Investment Advisor pursuant to this direction as having been directed by me, that I will be bound by the actions of my Investment Advisor that I have directed herein, and that Millennium Trust shall have no liability to me and shall be held harmless by me for following the directions of my Investment Advisor as I have directed herein.

Please continue to page three to complete this form.

D Investment Advisor Distribution Direction and Indemnity

My Investment Advisor is authorized to act for me and on my behalf in the same manner and with the same force and effect as I might or could do with respect to the transactions authorized herein, as well as with respect to all other actions necessary or incidental to the furtherance or conduct of such transactions.

I hereby agree to indemnify and hold harmless Millennium Trust, its affiliates and their directors, officers, employees and agents from and against all claims, actions, costs and liabilities, including attorneys' fees, arising out of or related to reliance on this direction and to pay promptly on demand any and all losses arising therefrom or debit balance due thereon.

This direction is a continuing one and shall remain in full force and effect, and Millennium Trust shall have no duty of inquiry with respect hereto. I may change or revoke this direction by a written notice addressed and delivered to Millennium Trust or orally on a recorded line, and Millennium Trust may rely on this direction and indemnity until such revocation is received by Millennium Trust.

Please sign and
date to authorize future
distributions. ►

Account Owner's Signature

Date