



2001 Spring Road, Suite 700  
Oak Brook, IL 60523  
800.560.1288 Telephone  
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# ADVISORY FEE PAYMENT AUTHORIZATION

## A Account Owner

Account Owner's Name:

Joint Account Owner's Name:

Millennium Account No.:

Address:

City:

State:

Zip:

Daytime Phone No.:

Social Security No:

E-mail Address:

Advisor Firm Name:

## B Advisory Fee Payment Authorization

***This authorization directs Millennium Trust Company, LLC ("Millennium") to deduct your Advisor's fees from your Millennium Account ("Account") as instructed by your Advisor.***

By signing below, I hereby authorize Millennium to pay from my Account all fee-related invoices received from my Advisor listed above and acknowledge that the amount of such invoices may vary over time. I understand and agree that Millennium shall have no duty or responsibility to: (i) verify the validity or accuracy of any invoice received from my Advisor or the calculation of the fees contained therein, or (ii) notify me of any such invoice before payment is made to my Advisor. In addition, Millennium shall not be liable: (i) for the payment of the Advisor's fees if funds for payment of such fees are not available or if they are not paid for any other reason; or (ii) for payment of fees made in reliance on an inaccurate, falsified or otherwise erroneous invoice received from the Advisor.

I hereby indemnify and hold harmless Millennium, its directors, officers and employees from any and all liabilities and costs, including, but not limited to, attorney's fees which may be incurred by relying upon the representations of the Advisor or on this fee payment authorization.

This authorization and indemnity is a continuing one and shall remain in full force and effect and shall be binding upon the undersigned's heirs, executors, successors, beneficiaries, or assignees until revoked by the undersigned through a written notice received by Millennium. Such revocation will become effective as soon as Millennium has had a reasonable time to act upon it. The revocation shall not affect any liability in any way resulting from payments initiated prior to Millennium Trust acting on such revocation.

\_\_\_\_\_  
Account Owner/Authorized Person's Signature Date

\_\_\_\_\_  
Joint Account Owner/Authorized Person's Signature Date

