MILLENNIUM TRUST COMPANY

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# INVESTMENT ADVISOR FEE PAYMENT AUTHORIZATION

## A Account Owner Information

Enter full name: ▶

First: Middle: Last:

Address:

City: State: Zip:

Daytime Phone No.: Social Security No.:

E-mail Address:

Millennium Account No.:

## B Investment Advisor ("Advisor") Information

Firm Name:

Representative Name:

Address:

City: State: Zip:

E-mail: Daytime Phone No.:

## C Account Owner Certification And Signature

I certify that I have made an agreement with my Advisor to pay the annual account fees on my Account ("Annual Fees"). I certify that the Advisor's payment of the Annual Fees does not constitute a contribution to my Account if the Account is an IRA or qualified requirement plan. I understand that payment of the Annual Fees by the Advisor constitutes income to me and I shall be responsible for all income reporting that may be required in accordance with applicable laws and regulations. As to Millennium Trust Company, LLC ("Millennium"), I hereby waive any actual or potential conflict of interest arising from the receipt of my Annual Fees by Millennium from my Advisor, including situations where my Advisor is also the investment sponsor of assets held in my Account. I direct Millennium to accept this authorization and agree that Millennium shall have no duty, liability or responsibility to question the authorization herein and shall be held harmless and indemnified by me from any and all claims, demands or causes of action arising from the authorization including but not by way of limitation, any and all necessary court costs, attorneys' fees or other expenses incurred by Millennium.

I have directed the Advisor to provide all necessary information and documentation to Millennium to effectuate its payment of the Annual Fees, and I direct Millennium to accept payment of the Annual Fees from my Advisor. I understand that my agreement with the Advisor does not remove, revoke or change my personal liability to Millennium for payment of the Annual Fees; and I will remit payment to Millennium for all fees due if the Advisor fails to pay the Annual Fees.

I agree that this direction will remain in full force and effect until Millennium has received written notification from me of its termination in such time and such manner as to afford Millennium and the Advisor, if required, a reasonable opportunity to act. I also understand that the Advisor may choose to cease the arrangement for forwarding my fee payments and that Millennium will notify me if this occurs.

Sign to authorize as Account Owner. ▶ Account Owner Signature: _____ Date: