



1105 State Route 121 North, Suite B
P.O. Box 870 ■ Murray, KY 42071
Office: 270.226.1000 ■ Fax: 270.226.1001
TF: 888.753.6972 ■ KingdomTrust.com

Authorization and Change Request

INSTRUCTIONS: Please be sure to read this entire form prior to completion to avoid any processing delays. Excluding the first section, only complete the fields/sections requiring information needing to be added, updated or changed. By signing this form, you consent to all terms and conditions outlined in this document and reaffirm the terms and conditions in your Account Adoption Agreement.

SECTION 1 - Account Holder Information

Name: Account Number:

Address:

City: State: Zip Code:

Daytime Phone Number: Email Address:

SECTION 2 - Contact Information

By entering information in this section, you authorize Kingdom Trust to update your contact information. Only enter in information that will add to, update or change your contact information. Please note that Kingdom Trust must have a valid physical address on file for the account and additional documents may be required with an address change request.

Name:*

** A valid driver's license, state ID card or marriage certificate with the new name must be included with this form for any change request to be made to the Account Holder name.*

Address:

City: State: Zip Code:

Daytime Phone Number: Alternate Phone Number:

Email Address:

SECTION 3 - Annual Account Fees

Below are the options available to you for paying annual account fees. Please choose one by checking the box immediately to the left of the payment method you want Kingdom Trust to use. See Fee Schedule for a complete list of fees due and the date you are expected to provide payment.

- Deduct from Available Cash in Account** (If sufficient cash is not available in the account, additional charges will be incurred.)
- Bill Credit Card*** Visa MasterCard Discover American Express

** Please ensure credit card information on file is accurate/valid.*

Name as It Appears on Card:

Card Number: Expiration Date:

Credit Card Billing Address:

By signing the Cardholder Signature line below, you authorize Kingdom Trust to bill the above credit card for all fees and expenses.

Cardholder Signature:

- Invoice** (Additional fee will be incurred. Invoicing only applies to annual fees and not other incidental or miscellaneous fees.)



SECTION 4 - Account Designated Representative (ADR) Information

An Account Designated Representative ("ADR") is an individual authorized to access your account, make certain investment purchases and sales in your account and receive copies of your account statements. The ADR will only be authorized to purchase or sell publicly traded securities. You may also choose not to name an Account Designated Representative.

I hereby revoke any and all prior Account Designated Representatives and elect to have no Account Designated Representative ("ADR").

I instruct Kingdom Trust to change my Account Designated Representative to the following:

ADR Name:

Address:

City: State: Zip Code:

Phone Number: Fax Number:

Email Address:

If the Account Designated Representative is an Investment Advisor ("IA") qualified under Section 3(38) of ERISA, attach written acceptance of this fiduciary appointment from the IA and a certificate of the IA's current registration under the Investment Advisor's Act of 1940. If the ADR is employed by or affiliated with a Securities Broker-Dealer, complete the information in Section 5.

SECTION 5 - Securities Broker-Dealer Information

I hereby revoke any and all prior Broker-Dealer designations and elect to have no Broker-Dealer.

I instruct Kingdom Trust to change my Broker-Dealer designation to the following:

Broker-Dealer Name:

Address:

City: State: Zip Code:

Phone Number: Fax Number:

Email Address:

Broker-Dealer Signature (If Required by Broker-Dealer): Date:

By signing below I acknowledge and agree

1. that my Account Designated Representative (whether or not an Investment Advisor) is my authorized agent and not in any way associated with, an employee of or representative of Kingdom Trust;
2. that Kingdom Trust has not made nor will make any recommendations regarding the listed Account Designated Representative or the Securities Broker-Dealer;
3. that Kingdom Trust has not compensated nor will compensate the listed Account Designated Representative nor the listed Securities Broker-Dealer except from the assets of my account, and I may appoint and/or remove the Account Designated Representative and/or Securities Broker-Dealer at any time by completing the proper forms and submitting them to Kingdom Trust;
4. that it is my responsibility to discuss publicly traded investments with my Account Designated Representative, and any and all trading instructions received from the account designated representative will be followed by Kingdom Trust as if I directed them directly, but only with regard to public securities and investments that are traded on a recognized exchange or "over the counter" and excluding any securities issued by Kingdom Trust (the Account Designated Representative may not direct purchases or sales of alternative or private assets); and
5. to indemnify, hold harmless and defend Kingdom Trust, and its respective officers, directors, managers, members, employees, representatives, owners, agents, successors and assigns from any and all loss and damage of any nature which may result from any action or inaction that any of them takes or omits in good faith in accordance with, and in its reliance upon, any certificate, notice, confirmation, instruction or other written or oral communication purporting to have been delivered by me or at my direction by the Account Designated Representative concerning my account.

Account Holder Signature: Date:

SECTION 6 - Interested Party Information

Please note that the designation of an interested party is for informational purposes only. By naming an interested party, you are authorizing Kingdom Trust to speak to this individual regarding your account and provide him or her online access. In addition you acknowledge that the interested party listed below will be authorized to receive information as well as correspondence including, but not limited to, account statements. However, the interested party will not have trading or withdrawal authority on the account.

I hereby revoke any and all prior interested party designations and elect to have no interested party.

I instruct Kingdom Trust to change my interested party designation to the following:

Interested Party Name:

Address:

City: State: Zip Code:

Phone Number: Fax Number:

Email Address:

SECTION 7 - Signature

By signing below, I authorize Kingdom Trust to add to, update or change the information on file for the above referenced account.

Account Holder Signature: Date: