

Fee Payment Authorization

INSTRUCTIONS: Please complete this form in its entirety. In addition, please be sure to read this entire form prior to completion to avoid any processing delays. 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:
 Daytime Phone Number: Email Address:

SECTION 2 - Account Fees

Below are the options available to you for paying 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 (Please ensure card information on file is accurate/valid.) Visa MasterCard Discover American Express

Name as It Appears on Card:
 Card Number: Expiration Date:
 Credit Card Billing Address:

By signing below I, the Account Holder, agree to the following:

- I do hereby agree that Kingdom Trust has my authorization to bill the above credit card as indicated above.
- I understand that this fee may in some cases be a recurring fee that will be billed to my credit card.
- I agree that this authorization shall replace any previous Fee Payment Authorizations that I have on file with Kingdom Trust and that this authorization shall remain in effect until an administratively practical time after I give Kingdom Trust instructions to the contrary.
- I agree that initiation of and any changes to this request could take up to 10 business days to reflect and process.
- In the event that any of the above information changes, I agree to notify Kingdom Trust in writing immediately. If I neglect to inform and confirm such changes to the above information, I agree to indemnify, hold harmless and defend Kingdom Trust and its respective officers, directors, managers, members, employees, representatives, agents, owners, affiliates, successors and assigns from any and all loss, damage, injury and expense of any nature, including attorneys' fees, that may be incurred.
- I understand that should any of the above referenced charges be denied on the day of first processing for any reason, Kingdom Trust will charge me a \$50.00 processing fee. In addition, Kingdom Trust will have the right to cancel this Fee Payment Authorization form without any written or verbal notification.

Cardholder Signature:

- Process via ACH** (You must include a copy of a voided check. If sufficient cash is not available in the bank account, additional charges will be incurred.)

Bank Name: Account Number:
 Confirm Account Number: Routing Number:
 Bank Account Name: Bank Account Type: Checking Savings

I instruct Kingdom Trust to process a withdrawal from the above bank account and deposit into the Kingdom Trust account referenced in Section 1 for fee payment.

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

SECTION 3 - Signature

- By signing below, I acknowledge that Kingdom Trust reserves the right to pull fees from available assets, including digital currency via digital asset wallets.
- If I elect fees to be processed via ACH or credit card payment, I understand that should the bank or credit card account listed above have insufficient funds in my above referenced account on the date of the withdrawal or the transaction be declined, Kingdom Trust will charge me a \$50.00 insufficient funds fee. In addition, I understand that if the bank account has insufficient funds, Kingdom Trust has the right to cancel these instructions without any written or verbal notification. In the event that the funds are recalled and they have already been invested, I agree that the funds may be redeemed from said investment. If they are invested in an illiquid investment, I agree to make the account whole within 24 hours of receiving notification from Kingdom Trust.

Account Holder Signature: Date:

Account Holder Printed Name:

Kingdom Trust does not provide tax, legal or investment advice. It does not endorse or recommend any agent, company or specific investment. Any information communicated by Kingdom Trust is solely for educational purposes and should not be construed as tax, legal or investment advice. Consultations with tax, legal and investment professionals is advised prior to making any decisions regarding your account.

