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Information Update 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:

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, passport, government-issued ID 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 - Ongoing Account Fees

Below are the options available for paying ongoing account fees. Please choose one by checking the box immediately to the left of the payment method you want Kingdom Trust to use.

- 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:

1. I do hereby agree that Kingdom Trust has my authorization to bill the above credit card as indicated above.
2. I understand that this fee may in some cases be a recurring fee that will be billed to my credit card.
3. 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.
4. I agree that initiation of and any changes to this request could take up to 10 business days to reflect and process.
5. 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.
6. 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 4 - 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. 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 5 - Account Designated Representative (ADR) Information *All fields required if an ADR is designated.*

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. This selection may include naming a Securities Broker-Dealer as ADR. The ADR will only be authorized to purchase or sell publicly traded securities. You may also choose not to name an ADR. **If the ADR 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.**

- I hereby revoke any and all prior ADRs and elect to have no ADR.
- I instruct Kingdom Trust to change my ADR to the following:

ADR Name: Is ADR a Broker-Dealer? Yes No

Address:

City: State: Zip Code: Phone Number:

Fax Number: Email Address:

ADR Signature (If Required by ADR): Date:

By signing below I acknowledge and agree

1. that my ADR (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 ADR or the Securities Broker-Dealer;
3. that Kingdom Trust has not compensated nor will compensate the listed ADR nor the listed Securities Broker-Dealer except from the assets of my account, and I may appoint and/or remove the ADR 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 ADR, and any and all trading instructions received from the ADR 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 ADR 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 ADR concerning my account.

Account Holder Signature: Date:

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:

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.