



VERITY
Asset Management

Workplace Savings / Monthly ACH Payment Authorization
& Investment Advisory Agreement Addendum

280 S. Mangum Street | 550 Diamond View II | Durham, NC 27701
Phone: (800) 247-6717 Fax: (919) 489-8939

Owner / Participant: _____ SSN/TIN: _____ DOB: _____

Address: _____

E-mail: _____ Home Phone: _____ Other: _____

Account Registration

Employer: _____ Plan Number: _____

Custodian: _____ Account Number: _____

Employer: _____ Plan Number: _____

Custodian: _____ Account Number: _____

Employer: _____ Plan Number: _____

Custodian: _____ Account Number: _____

Amendment to Existing Investment Advisory Agreement

By my signature below, I accept this amendment to the terms of my Investment Advisory Agreement with respect to the account indicated above. All other provisions of the Investment Advisory Agreement not directly impacted by the amendment below, remain in full force.

Section 2. Investment Advisory Fees

Fees are to be paid monthly in arrears based on the account's average daily balance over the prior month. Fees are payable on the first day of the month, and will be collected via ACH bank draft authorization on or near the 20th of each month without prior notification preceding each bank draft transaction.

Bank Account Information

Important Note: If an authorized signature on this account changes, please notify Verity on order to complete a new Direct Payment Authorization Form.

Bank Name: _____ Account Type: _____

☐ Checking

☐ Savings

Routing Number: _____ Account Number: _____

Name as it appears on Bank Account: _____

By my signature below, I authorize Verity Asset Management ("Verity"), to initiate debit entries to the account at the depository institution identified above (the "Depository"), and to initiate debit entries to such account for payment obligations owed to Verity under an Advisory Services Agreement with Verity Asset Management. I understand that the amount, frequency and timing of payments are determined by the Advisory Services Agreement. This new payment method may also be applied to collect any prior amounts due under such Agreement(s). I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until Verity has received written notification from me, or the company identified above, of its termination in such time and in such manner as to afford Verity and the Depository a reasonable opportunity to act upon such instructions.

Authorized Signature

Date