

Use this form to appoint or change the financial professional for your account, or change your current Investment Advisory Fee.

STEP 1 Participant Authorization
Powers You Give your Financial Advisor

I authorize the Advisor, whose signature appears below may or may not make discretionary decisions relating to mutual fund investments held in this Custodial Account. My agreement with the Advisor will address the Advisor's authority to make investment decisions. The actions of the Advisor have the same force and effect as I have with respect to such transactions in the Custodial Account. I agree to indemnify the Advisor and hold the Advisor harmless against any liability, loss or expense incurred by the Advisor as a result of, or in any way connected or related to, the Custodial Account, any transaction in the Custodial Account, or any instructions or lack of instructions concerning or relating to the Custodial Account. The Employee also agrees to hold Pentegra Trust Company harmless and free from all liability for following these instructions. This authorization will remain in full force and effect until Pentegra Trust Company has received written notification from the Employee of its termination.

I authorize Pentegra Trust Company to accept and act upon fax, electronic, or written instructions from me or my Advisor of record. Redemptions not to be sent to the address of record will require written instructions over my signature. I understand that this is a non-discretionary account. The undersigned represents, on behalf of self and any person who may claim an interest under this Custodial Account, that all statements contained herein are full, complete, true as written, and correctly recorded.

I understand that this Authorization does not change the Custodial Account fee that is disclosed in my current Custodial Account Agreement that I have executed with Pentegra Trust Company.

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Date (month / day / year)

Print Full Name Social Security Number

Employer Name Plan ID Number

STEP 2 Investment Advisory Fee

Investment Advisory Annual Account Fee: %

STEP 3 Financial Advisor Information

Representative Name Rep ID Number

Registered Investment Advisor Firm Firm SEC Number

Address Suite/Bldg

City State Zip

Phone Number Fax Number Email Address

The Advisor is a Registered Investment Advisor and using the registration in a professional sales, trading or customer service capacity.

➤

Date (month / day / year)

Send form via:

EMAIL: 403b-Ops@pentegra.com <i>* Password-protect file or send via secure site</i>	FAX: ATTN: 403(b) Services 914.821.9582	Regular Mail or Overnight Delivery: Pentegra Trust Company c/o Pentegra Retirement Services ATTN: 403(b) Services 701 Westchester Avenue, Suite 320E White Plains, NY 10604
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