

Account Access Authorization Form

1 ACCOUNT OWNER INFORMATION

NAME (FIRST, MI, LAST)		PHONE NO. (IF KNOWN)	
PRIMARY PHONE NO.		SOCIAL SECURITY NO.	
ACCOUNT NO.		<input type="checkbox"/> I authorize the Designated Representative listed below to act on behalf of all of my accounts held at PENSCO.	

2 DESIGNATED REPRESENTATIVE INFORMATION

Complete the fields below to designate a representative for your Account. Note: The IRA Custodial Account Agreement and Disclosure Statement authorizes PENSCO Trust Company (PENSCO) to rely on any instructions provided by the person and/or firm listed here, and states that PENSCO and its related entities are indemnified by you against any loss or expense it may incur when relying on such instructions.

2A ADD/REMOVE DESIGNATED REPRESENTATIVE

Select an option below.

- Add the Designated Representative listed below to my Account.
- Remove the Designated Representative below from my Account.

FIRM NAME

2B DESIGNATED REPRESENTATIVE INFORMATION

DESIGNATED REPRESENTATIVE (DR) NAME (FIRST, MI, LAST)			
DR OFFICE NAME		DR BROKER-DEALER NAME	
DR INDIVIDUAL CRD NO.		DR FIRM CRD NO.	
DR REPRESENTATIVE NO.		DR BRANCH NO.	
DR MAILING ADDRESS			
CITY	STATE/PROVINCE	COUNTRY	POSTAL CODE
BUSINESS PHONE NO.		CELL PHONE NO.	FAX NO.
EMAIL ADDRESS			

3 AUTHORIZATION & SIGNATURES

I designate or remove the above listed individual as my primary authorized representative at the above firm; I recognize that PENSCO is authorized to act on instructions from not only this primary representative, but from any principal or authorized officer of the firm, or additional representative assigned by a principal or authorized officer of the firm.


I recognize that the firm has the authority to designate representatives that may have access to my account information.

By signing below, I agree:

- To a modification of my PENSCO custodial agreement to enable the firm to make this appointment for this purpose;
- That the firm will have sole responsibility, and PENSCO will have no responsibility for the selection, retention and actions of the Designated Representative;
- That the Designated Representative will be an agent of the firm and shall not be treated for any purpose as an employee, agent or affiliate of PENSCO, or as controlled, approved, recommended or endorsed by PENSCO, and;
- That the firm may remove a Designated Representative effective upon PENSCO's receipt of their written notice of removal.

SIGNATURES

Both signatures are required.

	ACCOUNT OWNER SIGNATURE	DATE
	DESIGNATED REPRESENTATIVE SIGNATURE	DATE

Please note that directions from an advisor (ASA) may incur charges to a client account, in accordance with the client's fee schedule. Examples include research fees, wire transfers, and overnight shipping.

Upload forms to:
www.pensco.com/upload

Fax to: 303-614-7052

Send mail to:
PENSCO
P.O. Box 173859
Denver, CO 80217-3859

For express deliveries:
PENSCO
1560 Broadway, Suite 400
Denver, CO 80202-3331

Questions?
Call 800-962-4238

INVESTMENT PRODUCTS: NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE