



AUTHORIZATION FOR PAYMENT/ MANAGEMENT ADVISORY FEES

TO BE COMPLETED BY ACCOUNT OWNER *(please print)*

This authorization directs PENSICO Trust Company ("PENSICO") to deduct investment management/advisory fees from your account as instructed by your Registered Investment Advisor (RIA)/Money Manager.

Account Owner

First Name: _____ MI: _____ Last Name: _____

PENSICO Account Number: _____

- I authorize PENSICO to pay from my Account all fee-related invoices received from the below-named RIA/Money Manager. I understand and agree that PENSICO has no responsibility to verify the validity or calculation of the fees.
- I hereby indemnify and hold harmless PENSICO, its directors, officers and employees from any and all liabilities and costs, including, but not limited to, attorney's fees which may be incurred by relying upon the representations of the below-named RIA/Money Manager or on this fee payment authorization.
- This authorization and indemnity is a continuing one and shall remain in full force and effect and shall be binding up on the undersigned's heir, executors, successors, beneficiaries, or assignees until revoked by the undersigned through a written notice received by PENSICO. Such revocation will become effective as soon as PENSICO has had a reasonable time to act upon it. The revocation shall not affect any liability in any way resulting from transactions initiated prior to PENSICO acting on such revocation.



Account Owner Signature Date

TO BE COMPLETED BY RIA / MONEY MANAGER *(please print)*

RIA/Money Manager Name

First Name: _____ MI: _____ Last Name: _____

Advisory Firm Name: _____

Address: _____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

Tax Identification Number: _____

check one: Incorporated Unincorporated **check type of fee:** Management Advisory

- I will provide PENSICO, not more frequently than once per quarter, true and accurate invoices of the advisory fees owed to me by the above-referenced Account, which you are to deduct from the Account and pay to my firm, pursuant to any invoices submitted by me. I understand that PENSICO will not deduct and pay any invoices of an amount less than \$50.
- I will indemnify and hold PENSICO, its directors, officers, and employees harmless from all liabilities and costs, including, but not limited to, attorney's fees which may be incurred by relying on my representations or on the above fee payment authorization.
- This indemnification shall extend to the benefit of your successors and assigns.
- Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number.



RIA/Money Manager Signature Date

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

Upload forms to:
www.pensco.com/upload

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

For express deliveries:
PENSICO
1560 Broadway, Suite 400
Denver, CO 80202

Questions?
Call 1-800-962-4238

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