

# Appointment of Attorney-in-Fact, Executor, Guardian or Conservator

**IMPORTANT INFORMATION:** In order to help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each client who opens an account. When you open an account, we will ask for your name, physical address, date of birth, Social Security number, and other information that will allow us to identify you. We may also ask to see your driver's license or other forms of identification.

**INSTRUCTIONS:** Use this form to affiliate an attorney-in-fact (or agent) appointed by a power of attorney; an executor, legal guardian or conservator to an Account Owner with a retirement account. This form must be completed and submitted with required documentation to be granted access to, or open, an account on behalf of another individual.

- An original or certified copy of the legal document giving authority to an attorney-in-fact, executor, legal guardian or conservator must be submitted along with this form.

## 1 AGENT-FIDUCIARY INFORMATION

- Required fields: Agent-Fiduciary name; date of birth; and social security number **OF THE AGENT-FIDUCIARY** (not the Account Owner) are required.

*AGENT-FIDUCIARY NAME			
*DATE OF BIRTH	*SOCIAL SECURITY NO.	PHONE NO.	
MAILING ADDRESS			
CITY	STATE	COUNTRY	ZIP CODE
PRIMARY PHONE NO.		EMAIL ADDRESS	

## 2 ACCOUNT OWNER INFORMATION

ACCOUNT OWNER NAME (FIRST, MI, LAST)	PENSCO ACCOUNT NO.
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**MULTIPLE ACCOUNTS:** The Account Owner listed here has multiple accounts at PENSCO. Please affiliate this individual to all PENSCO accounts held by the Account Owner.

Please change the Account Owner's address to the address listed above.



### 3 AUTHORIZATION

I certify that I am a fiduciary to the PENSICO Account Owner identified on this form and that my appointment has not been revoked. I have full power and authority to act as outlined in the documents submitted with this form, and I further agree that my powers relative to the PENSICO account may be limited based on the terms of the Account Agreement.



AGENT-FIDUCIARY SIGNATURE

DATE\*

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**Submit completed form to PENSICO by:**

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|--|--|--|---------------------------------------|
| ■ <b>Upload Online</b><br>www.pensico.com/upload | ■ <b>Regular Mail</b><br>PENSICO Trust Company<br>P.O. Box 173859<br>Denver, CO 80217-3859 | ■ <b>Express Deliveries</b><br>PENSICO Trust Company<br>1560 Broadway, Suite 400<br>Denver, CO 80202 | ■ <b>Questions?</b> Call 800-962-4238 |
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INVESTMENT PRODUCTS: NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE