



Trust Management, Inc.

777 Main Street, Suite 3630
Fort Worth, TX 76102
(800) 580-2933 ~ (817) 335-8434 fax

ASA Account Authorization Form

Account Holder: _____

TMI ASA Account #: _____

1. Telephone Authorization

I hereby revoke any and all prior designations in lieu of the following election:

_____ I authorize TMI to honor telephone transaction requests from me or my Designated Representative listed on my account. My Social Security Number will be required as verification before any requests will be accepted. I understand and agree that TMI will not be liable for any loss, expense or cost arising out of any requests effected thereunder. (NOTE: This authorization applies only to investment directions given to TMI. It does not automatically authorize telephone exchange or redemption privileges for any investment.

_____ I do not authorize or wish to discontinue honoring telephone transactions on my account.

2. Payment of Annual Fee

I hereby revoke any prior designations in lieu of the following election:

Annual Account Maintenance Fees for my account(s) should be (Check one box only):

_____ Invoiced to me annually at the address of record; or

_____ Automatically withdrawn from the assets from my ASA Account. The account holder will be responsible for any fee deficiency should the account be illiquid or have insufficient funds to cover all fees. A \$5.00 late fee is charged when fees are more than thirty days past due.

3. PIN Number Change

I hereby direct TMI to change my PIN number for account access within TMI's Automated Telephone System (IVR) and Web site as follows:

Previous PIN Number: _____

New PIN Number (4 digits only): _____

Signature(s):

Signature of Account Holder: _____

Custodial Acceptance: By: _____

Date: (Required): _____

Date: _____