



Trust Management, Inc.

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

ASA Broker Designation Form

Account Holder: _____

TMI ASA Account #: _____

_____ 1. Add or Change my Primary Designated Representative or Broker on my ASA Account to the following broker:

Broker Name: _____ Dealer Name: _____

Broker Address: _____

Broker Phone #: _____ Brokers Fax #: _____

Disclaimer: I hereby revoke any and all prior representative designations and instruct Trust Management, Inc. to pay for or receive payment from security or other investment transaction communicated by the Representative designated above, as indicated by broker confirmations of trade or other requests for payment received by TMI. I understand that it is solely my responsibility to direct my Designated Representative to execute trades or other investments for TMI account, and all instructions, directions, and/or confirmations received from my designated representative shall be assumed by TMI to have been authorized by me.

_____ 2. Add the following Secondary* Designated Representative or Broker on my ASA Account:

**Secondary Brokers will not receive access or information on your account; this designation is for Trade authority only.*

Broker Name: _____ Dealer Name: _____

Broker Address: _____

Broker Phone #: _____ Brokers Fax #: _____

Disclaimer: I hereby instruct Trust Management, Inc. to pay for or receive payment from security or other investment transaction communicated by the Representative designated above, as indicated by broker confirmations of trade or other requests for payment received by TMI. I understand that it is solely my responsibility to direct my Designated Representative to execute trades or other investments for TMI account, and all instructions, directions, and/or confirmations received from my designated representative shall be assumed by TMI to have been authorized by me.

_____ 3. Remove all Designated Representatives or Brokers from my account.

Disclaimer: I hereby revoke any and all prior representative designations and elect to have no Representative on the above referenced account(s). I understand that by making this election, I will be Solely responsible for communicating all investment directions for my Account to TMI.

Signature(s):

I hereby agree to Indemnify and hold TMI harmless in its reliance upon my certificate, notice, confirmation, instruction, or other written or oral communication purporting to have been delivered at my direction on behalf of my ASA Account by my Designated Representative or brokerage firm. TMI shall not be held liable for any loss or breach of trust of any kind, which may result from any action that it takes in good faith in accordance with such certificate, notice, confirmation, instruction or other communication.

Custodial Acceptance by TMI

Signature of Account Holder

Date

Authorized TMI Agent

Date