



INTERESTED PARTY DESIGNATION

M2 Trust Services, LLC
700 17th Street, Suite 1100
Denver, CO 80202
Phone: (888) 265-1225

ACCOUNT HOLDER INFORMATION

First Name Middle Initial Last Name

Account Number Daytime Phone Number

This form authorizes M2 Trust Services, LLC ("M2 Trust") to provide duplicate copies of correspondence and account statements to the individual referenced below. In addition, such person will be able to obtain information telephonically regarding your account. This authorization shall remain in effect until revoked by you in writing and acknowledged by us.

Please complete the information below if you are authorizing your financial representative (i.e., broker, financial planner, accountant, or attorney) to receive information about your retirement plan.

INTERESTED PARTY INFORMATION

Name of Representative

Firm Name, if applicable

Street Address City State Zip

Telephone Number E-Mail Address

ACCOUNT HOLDER'S SIGNATURE

By signing this authorization, if any controversy, claim or dispute arises relating to the release of or providing duplicate information of my account, I agree to release, indemnify, defend and hold M2, including its affiliated officers, directors, employees, successors, and assigns, harmless from and against any and all liabilities, losses, damages, expenses and charges, including but not limited to attorney's fees and expenses of litigation, which they may sustain or might sustain resulting directly or indirectly from providing such information to the named individual.

Account Holder's Signature Date

X