

TAXABLE ACCOUNT SIGNATURE AUTHORITY

Forward To: 214 West 9th Street

PO Box 420 Onaga, KS 66521-0420 P) 800.521.9897

F) 913.901.4190 customerservice@mainstartrust.com

Account Name:		Account Number:	
RESPONSIBLE PARTIES Attach Corporate Resolution (if applicable)			
Required Primary Responsible Party			
Name:		Work Phone:	
Address:		Mobile Phone:	
		Home Phone:	
Email Address:			
Additional Responsible Party (If applicable)			
Name:		Work Phone:	
Address:		Mobile Phone:	
		Home Phone:	
Email Address:			
Additional Responsible Party (If applicable)			
Name:		Work Phone:	
Address:		Mobile Phone:	
/ taarooo.		Home Phone:	
Email Address: By signing below I:			
 conditions of Mainstar Trust. Agree I have access to the Account Application, Plan Agreement, Financial Disclosure, Privacy Notice, Summary of Accountholder Responsibilities, and Fee Disclosure. I agree to be bound by the terms of these documents. The parties listed on this form will stay in effect until a revision is made. Responsible parties cannot be removed without acknowledgment of that party in a letter of instruction to Mainstar. New parties will not be accepted until any initially appointed parties have acknowledged the change in a letter of instruction to Mainstar. 			
AUTHORIZED SIGNATURES			
For businesses with multiple responsible parties, select the number of parties required for direction on the account: All One Majority			
Primary Responsible Party:		Date	
Signature			
Secondary Resp	oonsible Party:	Date	
Signature			
Secondary Responsible Party:Date			
To list additional parties, attach their contact information – with signatures to this form.			
DESIGNATION DUE TO DEATH OR DISABILITY Required if: SINGLE MEMBER BUSINESS or ONLY PRIMARY RESPONSIBLE PARTY completed above. This contact will be used solely for this purpose, and will not be allowed to transact on the account otherwise.			
Name:		Work Phone:	
A -1 -1		Mobile Phone:	
Address:		Home Phone:	
Email Address:			

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