

## Advisor Fee Payment Request

Forward To: 214 West 9<sup>th</sup> Street  
PO Box 420  
Onaga, KS 66521-0420  
Phone: 800.521.9897 Fax: 785.889.7169  
Email: distributions@mainstartrust.com

### Account Owner Information

Accountholder Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Social Security Number \_\_\_\_\_

### Payment Authorization

By signing this form you authorize Mainstar Trust to accept written instructions from your chosen representative to pay his/her advisory fees from the above referenced account. This authorization will remain in effect until such time you instruct Mainstar Trust otherwise. You will be able to review amounts paid via our online access and generated statements.

The investment advisor and payment information section below must be completed to assure we have correct payment information. If this section is left blank or differs from what Mainstar Trust has on file as your chosen representative, Mainstar Trust will contact you prior to payment being made.

### Investment Advisor and Payment Information

Advisor Name \_\_\_\_\_  
Firm Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

### Authorized Signature

\_\_\_\_\_  
Accountholder Signature

\_\_\_\_\_  
Date