

Advisor Fee Payment Request

Forward To: 214 West 9th Street
PO Box 420
Onaga, KS 66521-0420
P) 800.521.9897
F) 913.901.4190
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