

Account Number

National Financial Services, LLC

# Financial Advisory Services Fee Request

Use this form to authorize the payment of financial advisory fees from your Premiere Select Traditional IRA, Roth IRA, Rollover IRA, SEP-IRA, SIMPLE IRA, IRA Beneficiary Distribution Account or Roth IRA Beneficiary Distribution Account, Premiere Select Retirement Plan account, or Retirement Plan Beneficiary Distribution Account ("retirement account") or any Brokerage Account held through National Financial Services, LLC ("NFS").

Your instructions authorize NFS, as agent for Fidelity Management Trust Company ("FMTC"), to deduct a fee(s) from your retirement or non-retirement account specified in this form for services rendered to you by your Broker, Financial Advisor, or Investment Professional (herein, "Investment Advisor") as defined in your Premiere Select IRA Custodial Agreement and Disclosure Statement, or your Premiere Select Retirement Plan and Trust Agreement or Brokerage Account Customer Agreement, as applicable. You may terminate this fee deduction authorization any time upon written request to NFS; however, your termination of this authorization will not affect obligations and/or liability arising prior to your termination.

Contact your Investment Advisor with questions. Type on screen or fill in using CAPITAL letters and black ink. If you need more room for information or signatures, use a copy of the relevant page.

## 1. Account Owner

First Name	M.I.	Last Name
Social Security Number		

## 2. Payment Instructions

Check one.  A. You authorize NFS to deduct fees from your retirement account and pay your Investment Advisor, on your behalf, a one-time financial advisory fee in the amount of:

Amount
\$

B. You authorize NFS to accept instructions from your Investment Advisor as to the amount and timing of the payment of financial advisory fees on an ongoing basis and to deduct fees from your retirement account and pay your Investment Advisor, on your behalf, such fees. You represent that you have been notified by your Investment Advisor of the financial advisory fees and agree to such fees.

## 3. Investment Advisor Information

Investment Advisor Name		Firm Name	
Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country



## 4. Signatures and Dates *Form cannot be processed without signatures and dates.*

By signing below, you:

- Understand that the determination of whether any fees paid to your Investment Advisor are reasonable for the services provided to you by your Investment Advisor will be your sole responsibility. NFS and FMTC will not incur any liability for the payment of fees to your Investment Advisor. NFS will rely entirely upon this fee authorization and instruction.
- Acknowledge that you have entered into a written agreement with the Investment Advisor named in this form which allows for financial advisory fees to be charged by your Investment Advisor and authorizes the deduction of a stated percentage or a fixed dollar amount to be deducted from your retirement account indicated on this form.
- Understand that this form authorizes NFS to deduct a fee(s) from your retirement account, indicated on this form, for financial advisory services rendered to you by your Investment Advisor. If you elect to have NFS pay ongoing financial advisory fees to the Investment Advisor named in this form, you understand that your Investment Advisor will communicate directly with NFS regarding the timing and amount of fees and that you will receive written confirmation from NFS of the fee deduction.
- Understand that the fee(s) will be paid from the core account of your retirement account, as indicated on this form.
- Understand that this authorization will remain in effect until it is terminated by you or by NFS (or its agents, affiliates, or successor) in writing.
- Indemnify and hold harmless FMTC, NFS and their officers, directors, employees, agents, affiliates, shareholders, successors, assigns and representatives from any claims, losses or other adverse consequences that may result from implementing this fee deduction authorization or relying upon your Investment Advisor's directions and representations.

Print Account Owner Name *First, M.I., Last*

Account Owner Signature

Date *MM - DD - YYYY*

**SIGN** ▶

▶

### Employer/Plan Administrator Signature

Complete this section only if you have a Premiere Select Retirement Plan account.

You acknowledge the financial advisory fees referenced above are a reasonable and valid plan expense.

Print Employer/Plan Administrator Name *First, M.I., Last*

Employer/Plan Administrator Signature

Date *MM - DD - YYYY*

**SIGN** ▶

▶

### Investment Advisor Signature(s)

By signing below, you represent that the receipt of financial advisory fee(s) in connection with the Premiere Select IRA or the Premiere Select Retirement Plan account, specified on this form, is authorized and conforms with the Internal Revenue Code, the Employee Retirement Income Security Act of 1974, as amended, and all other applicable laws, rules and regulations.

Print Investment Advisor Name *First, M.I., Last*

Investment Advisor Signature

Date *MM - DD - YYYY*

**SIGN** ▶

▶

Print Investment Advisor Name *First, M.I., Last*

Investment Advisor Signature

Date *MM - DD - YYYY*

**SIGN** ▶

▶