

blank



THIRD PARTY INFORMATION

First Name: _____ MI: _____ Last Name: _____

Phone Number: _____ Email Address: _____

Fax Number: _____ Relationship to Grantor: _____

Firm Name (if applicable): _____

Address: _____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

THIRD PARTY DESIGNATION

I, the undersigned Account Owner, hereby give the individual designated herein third party the authorization(s) checked below.

CHECK ALL THAT APPLY. Discuss my account with GoldStar Trust Company ("GoldStar") by way of:

Email Fax Phone

DESIGNATED THIRD PARTY'S SIGNATURE

I, the undersigned, hereby accept my appointment as designated third party by the above Account Owner, and in that capacity I agree to be bound by all terms and conditions that govern the Account owner's account at GoldStar.

Third Party Signature

Date

ACCOUNT OWNER'S ACKNOWLEDGEMENT AND SIGNATURE

I understand that it is my sole responsibility to name authorized designated third party. GoldStar shall honor the authorization(s) to provide account information to the designated third party until such time as GoldStar receives written notice from me that such authorization(s) have been revoked. I, and not GoldStar, shall be liable for the acts and omissions of my designated third party. I agree to be bound by the actions of my designated third party.

Account Owner's Name (printed):

First Name: _____ MI: _____ Last Name: _____

GoldStar Account Number(s): _____

LIST ALL THAT APPLY.

Account Owner Signature

Date