ForgeTrust

REPRESENTATIVE AUTHORIZATION

Contact Center: (800) 248-8447 | www.ForgeTrust.com

You must complete this authorization form to add a Representative to your account or to update/remove a Representative's access.

This form does not authorize your Representative to execute any transactions on your behalf, nor does it authorize them to give us verbal confirmations regarding investments, distributions and expense payments on your behalf.

1. PERSONAL INFORMATION (*required field)

First Name*	Middle Name	Last Name*	Social Security Number* Last 4 Digits Only
Date of Birth* (MM/DD/YYYY)	Phone* XXX-XXX-XXXX	Email (your personal email only)	
Account Number*	☐ Apply this designation to all accounts I own with Forge Trust Co.		

2. ADD A REPRESENTATIVE TO MY ACCOUNT (*required field)

Relationship* (Attorney, Relative, Investment Advisor, Broker, CPA etc.)	Representative First Name*	Representative Last Name*
Firm/Company Name* (put N/A if no entity associated)	Representative Email*	Firm Phone xxx-xxx-xxxx / Firm Fax xxx-xxx-xxxx
Representative Phone* XXX-XXX-XXXX	Address*	
City*	State/Province* / Zip/Postal Code*	Country*

For Registered Brokers and Investment Advisors:

Firm CRD/SEC #	Representative CRD#

Authorization & Acknowledgment

By signing Section 4 below, I hereby authorize Forge Trust Co. as Custodian, and their affiliates, to allow the aforementioned Representative to:

- Access my account information, including copies of my account statements, tax filings and online account information.
- Contact Forge Trust Co. to discuss my account holdings and activity.
- Receive email notifications from Forge Trust Co. regarding my account.

I hereby acknowledge that the aforementioned Representative does not have the authorization to execute any transactions on my behalf without a Power of Attorney.

3. REMOVE A CURRENT REPRESENTATIVE (Complete this section only if you wish to remove a representative from your account)

Name of Current Representative	◯ I wish to remove the named Representative from my account.	◯ I wish to replace the above-named Representative with the person named in Section 2.

4. SIGNATURE

Account Owner Signature	Date (MM/DD/YYYY)
X	

Please sign and submit additional documents as required.

DELIVERY INSTRUCTIONS

Email
newaccounts@ForgeTrust.com

Fax
(650) 745-2902

Regular mail
Forge Trust Co.
PO Box 2048
San Francisco, CA 94126

Overnight mail
Forge Trust Co.
4 Embarcadero Ctr, Floor 15
San Francisco, CA 94111

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