

**TRUST MANAGEMENT, INC.**  
**BROKER DESIGNATION FORM**  
(This form must be dated to be valid)

ACCOUNT NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

**1. Representative Designation and Dealer Identification Change**

I HEREBY REVOKE ANY AND ALL PRIOR REPRESENTATIVE DESIGNATIONS AND ELECT TO HAVE NO REPRESENTATIVE DESIGNATED ON THE ABOVE REFERENCED ACCOUNT(S).

I understand that by making this election, I will be solely responsible for communicating all investment directions for my Account to Trust Management, Inc.

I HEREBY REVOKE ANY AND ALL PRIOR REPRESENTATIVE DESIGNATIONS AND INSTRUCT TRUST MANAGEMENT, INC., pursuant to the provisions of this Section and Section 9.4" of the Trust Management, Inc. Individual Retirement Account Disclosure Statement. To pay for or receive payment from security or other investment transaction communicated by the Representative designated below, as indicated by broker confirmations of trade or other requests for payment received by Trust Management, Inc.. I understand that it is solely my responsibility to direct my Designated Representative to execute trades or other investments for my Trust Management, Inc. Account, and all instructions, directions, and/or confirmations received from my Designated Representative shall be assumed by Trust Management, Inc. to have been authorized by me.

**Primary Broker:**

Representative's Name: \_\_\_\_\_ Rep #: \_\_\_\_\_ Branch: \_\_\_\_\_

Representative's Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# ( ) \_\_\_\_\_

Broker Dealer Name: \_\_\_\_\_

Broker Dealer Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# ( ) \_\_\_\_\_

I HEREBY REQUEST TO HAVE AN ADDITIONAL 'SECONDARY' BROKER ON MY ACCOUNT, pursuant to the provisions of this Section and Section 9.4" of the Trust Management, Inc. Individual Retirement Account Disclosure Statement. To pay for or receive payment from security or other investment transaction communicated by the Representative designated below, as indicated by broker confirmations of trade or other requests for payment received by Trust Management, Inc.. I understand that it is solely my responsibility to direct my Designated Representative to execute trades or other investments for my Trust Management, Inc. Account, and all instructions, directions, and/or confirmations received from my Designated Representative shall be assumed by Trust Management, Inc. to have been authorized by me.

**Secondary Broker:**

Representative's Name: \_\_\_\_\_ Rep #: \_\_\_\_\_ Branch: \_\_\_\_\_

Representative's Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# ( ) \_\_\_\_\_

Broker Dealer Name: \_\_\_\_\_

Broker Dealer Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# ( ) \_\_\_\_\_

I HEREBY AGREE TO INDEMNIFY and hold Trust Management, Inc. harmless in its reliance upon my certificate, notice, confirmation, instruction, or other written or oral (if so elected in Section 2 below) communication purporting to have been delivered at my direction on behalf of my retirement plan by my Designated Representative or brokerage firm. Trust Management, Inc. shall not be held liable for any loss or breach of trust of any kind, which may result from any action that it takes in good faith in accordance with such certificate, notice, confirmation, instruction or other communication.

**2. Signatures**

Trustee Acceptance: Trust Management, Inc.

Signature \_\_\_\_\_ By: \_\_\_\_\_

Date: (Required) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date \_\_\_\_\_

**Please return form to: Trust Management, Inc. 777 Main Street Suite 3630 Fort Worth, TX 76102**