

Premiere Select[®] IRA and Premiere Select[®] Retirement Plan

Financial Advisory Services Fee Request Form

Please complete sections 1 and 2 below. If you have any questions, please contact your Investment Advisor.

1 Customer Information

First Name _____ Last Name _____

Home Phone # - - Work Phone # - -

Account # - Social Security # - -

2 Payment Instructions

This form will serve as authorization to National Financial Services LLC (“NFS”), as agent for Fidelity Management Trust Company, to deduct a fee(s) from your Premiere Select IRA (“IRA”) or Premiere Select Retirement Plan specified above for services rendered to you by your Investment Advisor in connection with such account. The Premiere Select IRA includes Traditional, Roth, Rollover, SEP and SIMPLE IRAs, and Beneficiary Distribution Accounts (“IRA”). You may terminate this fee deduction authorization any time upon notice to NFS. Such termination shall not affect any obligation or liability arising prior to termination. Please choose one:

- A. I authorize NFS to debit my account and pay to my Investment Advisor, on my behalf, a one-time financial advisory fee in the amount of \$_____.
- B. I authorize NFS to accept instructions from my Investment Advisor as to the amount and timing of the payment of financial advisory fees on an on-going basis and to debit my account and pay to my Investment Advisor, on my behalf, such fees. I represent that I have been notified by my Investment Advisor of the financial advisory fee and agree to such fees.

3 Investment Advisor Information

Name of Investment Advisor _____

Name of Firm _____

Address _____

Address _____

4 Account Owner Signature

I understand that the determination of whether any fees paid to my Investment Advisor are reasonable for the services provided to me shall be my sole responsibility. NFS shall not incur any liability for the payment of fees to my Investment Advisor. NFS shall be entitled to rely conclusively upon and shall be indemnified in any action or inaction taken in advance upon this fee request instruction.

I acknowledge that I have entered into a written agreement with the Investment Advisor named in this form which sets forth the financial advisory fee to be charged by my Investment Advisor and authorizes the deduction of a stated percentage or a fixed dollar amount to be deducted from my IRA or Premiere Select Retirement Plan account for financial advisory services rendered to me in connection with my IRA or Premiere Select Retirement Plan account, indicated in Section 1.

I understand that this form serves as authorization to NFS to deduct a fee(s) from my IRA or Premiere Select Retirement Plan account, indicated in Section 2, for financial advisory services rendered to me by my Investment Advisor. If I elect to have NFS pay a financial advisory fee(s) to the Investment Advisor named in this form pursuant to Section 2B above, I understand that my Investment Advisor will communicate directly with NFS regarding the amount of such fee(s) and that I will receive written confirmation from NFS of the fee deduction.

I understand that the fee(s) will be paid from the core account of my IRA or Premiere Select Retirement Plan account, as specified in Section 2.

I understand that this authorization will remain in effect until it is terminated by me or by the Custodian of my IRA or by the Trustee of my Premiere Select Retirement Plan account in writing or in another manner acceptable to the Custodian/Trustee and NFS.

I agree to indemnify and hold harmless Fidelity Management Trust Company, NFS and their agents, employees, officers, directors and control persons, from any claims, losses or other adverse consequences that may result from implementing this direction at my direction or relying upon my Investment Advisor's representations.

Signature _____ Date - -

5 Employer/Plan Administrator Signature

Only complete this section if you have a Premiere Select Retirement Plan account.

I acknowledge that the financial advisory fee referenced above is a reasonable and valid plan expense.

Signature _____ Date - -

6 Investment Advisor Signature

By signing below, I hereby represent that the receipt of financial advisory fee(s) in connection with the IRA or the Premiere Select Retirement Plan account specified in Section 2 is authorized under and in conformity with the Internal Revenue Code, the Employee Retirement Income Security Act of 1974, and all other applicable laws, rules and regulations.

Signature _____ Date - -

Principal Signature _____ Date - -