

PO Box 7080 | San Carlos, CA 94070-7080 | www.IRAServices.com
 General Phone: (800) 248-8447 | Fax: (605) 385-0050



This form is to be completed by designated Representatives only. Complete this form if you wish to gain or cancel online access to your clients' account(s), or if you wish to change your email notification service preference.

1. REPRESENTATIVE IDENTIFICATION (*required field)

Should IRA Services need to contact you in regards to this request, your preferred method of contact is:

- ☒ Email
☐ Primary Phone

Representative First Name*	Representative Middle Name	Representative Last Name*
Kevin	Robert	Dicke
Representative Email*	Firm/Company Name	
kdicke@slsstrategies.com	SLS Strategies	
Phone* XXX-XXX-XXXX	Fax XXX-XXX-XXXX	
317-654-1631		
Address*		
15363 Mystic Rock Dr.		
City*	State/Province*	Zip/Postal Code*
Carmel	IN	46033

2. INTERNET ACCESS (select one of the following)

☒ I would like to establish internet access to all of my clients' accounts (both current and future)

☐ I would like to cancel internet access to all of my clients' accounts online

☐ I would like to cancel internet access to the following client(s) only:

Client Name	Account Number	Client Name	Account Number
Client Name	Account Number	Client Name	Account Number

NOTE: Be sure to provide us with a valid email address in Section A above. You will receive an email from webmaster@IRAServices.com with your temporary password. Temporary password emails often end up in Spam or Junk Mail folders, so please add this email address to your Spam filter list to ensure you receive your password. Your user name is your Representative ID. Please call us at (800) 248-8447 or send an email to webmaster@IRAServices.com for your Representative ID.

3. EMAIL NOTIFICATION SERVICE

(By default, once you are designated as a Representative by a client, you will be copied on all automated email notifications sent to the client.)*

Our email notification service serves to keep you and your clients abreast of account activity such as: (1) when an account is established, (2) when a Transfer Authorization request is forwarded to the client's financial institution, and (3) when a cash deposit is received, and whether or not there are sufficient funds in the account to fulfill a pending investment and/or disbursement request. *Clients must complete our **REPRESENTATIVE AUTHORIZATION** form to designate you as a Representative.

☐ Select this option if you would like OPT-OUT of this email notification service

☐ Select this option if you have previously opted-out of this service, but have changed your mind and would like to opt back in

4. PRIMARY CONTACT DESIGNATION

Clients have the option to designate you as the "Primary Contact" through our **REPRESENTATIVE AUTHORIZATION** form. If you wish to be contacted first should any questions or concerns arise regarding your clients' accounts, please ensure that they check the appropriate box on the form. Please note that clients also have the option to remove this designation at any time with or without your consent.

5. REPRESENTATIVE INTERNET ACCESS ACCEPTANCE

I hereby request Internet access to ALL account(s) (both current and future) whose account holders have authorized me to have access to their accounts for review purposes. By signing below, I acknowledge, on behalf of myself and all users authorized by me (individually and collectively referred to herein as "I"), that:

- By using IRA Services Trust's Internet services I agree to the terms stated in this Agreement and the Account Access Terms and Conditions of Use set forth on the Internet web site.
- I will be issued a unique User ID and an initial password. For security purposes I understand that I must change my initial password to a password of my own choosing upon accessing my account(s) for the first time.
- The password that I will be given to gain access to IRA Services Trust's Internet services should be kept confidential, and that IRA Services Trust is not responsible for any breach of security caused by my failure to maintain the confidentiality of my password.
- I acknowledge and accept that IRA Services Trust has no obligation to confirm the identity of any person using my User ID and password.
- If I disclose my User ID and password to a third party, I hereby indemnify and hold IRA Services Trust harmless for any action or instruction of such third party in my name.
- If I intend to revoke my authorization of such third party, I will immediately change my password.
- If I believe my User ID and password have been lost or stolen or used without my permission, I will contact IRA Services Trust security operations at security@IRAServices.com or call (800) 248-8447 during regular business hours.
- I understand IRA Services Trust expressly discourages me from sending personal, business, financial or account information via Internet e-mail.
- If I choose to send Internet e-mail messages to IRA Services Trust that contain confidential information, I understand that I do so entirely at my own risk, and that IRA Services Trust will not be responsible for any loss or damages that I may incur if I communicate such confidential information by Internet e-mail.
- I hereby agree that IRA Services Trust is not responsible for any direct, indirect, special, incidental or consequential damages to me or my clients arising in any way out of my use of IRA Services Trust's Internet services, and that this agreement shall be governed in accordance with the laws of the state of California.
- I agree to hold IRA Services Trust harmless from all losses, liability, demands, judgments, claims and expenses from your use of the website and the Internet services we provide.
- You provide the indemnification without regard as to whether our claim is against you or your authorizing client.

6. REPRESENTATIVE SIGNATURE

Representative Signature 	Date (MM/DD/YYYY) 07/15/2016
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Original signature required; electronic signatures and/or signature fonts are not authorized.

IMPORTANT INFORMATION

Did you print and sign the form, and attach any necessary documents?

Questions? Please contact IRA Services Customer Service at (800) 248-8447, Monday through Friday, from 7 am to 5 pm Pacific Time.

Fax (650) 745-2168
Email webmaster@IRAServices.com
Web www.IRAServices.com

Deliver to:

Regular mail
IRA Services Trust Company
PO Box 7080
San Carlos, CA 94070-7080

Overnight mail
IRA Services Trust Company
1160 Industrial Road, Unit 1
San Carlos, CA 94070-4128