

1 GENERAL INFORMATION

Investment Number(s)

Print Owner Name

Date of Birth

Social Security Number/TIN

Print Co-Owner Name

Date of Birth

Social Security Number/TIN

2 INSTRUCTIONS

Payment will be made by Electronic Funds Transfer (EFT). We must receive all changes seven (7) business days prior to your next scheduled EFT payment date. Allow up to two (2) business days for the funds to post to your bank account. Monthly interest payment option requires a \$10,000 minimum investment.

- New payment authorization
 Change current payment authorization
 Cancel current payment authorization

FREQUENCY

- Monthly Quarterly Semi-Annual Annual

3 AUTHORIZATION AGREEMENT

This will authorize AGFinancial to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the bank account indicated below for any payments, interest, withdrawals, redemptions or otherwise, due to you or requested by you on the investment. This authorization is to remain in force until AGFinancial has received written notice of its termination in such time and in such manner as to afford it and your bank a reasonable opportunity to act on it. This authorization does not change the terms of your investment.

This will authorize the bank indicated on the enclosed voided check for checking accounts or savings deposit ticket for savings accounts, and as listed below, to debit and/or credit the same to the investment.

Name(s) As They Appear On Your Bank Account Checking Savings

Bank Account Number

Bank ABA Number (Located in bottom left corner of check.)

Bank Name (Please print)

Bank Telephone Number

Bank Address

City

State

Zip

4 SIGNATURE(S)

Owner Signature

Date

Co-Owner Signature

Date