RAMS Retirement Asset Management Services

SPONSORED BY REGION 10 EDUCATION SERVICE CENTER

Account Authorization

Participant Information:

First Name_____MI____Last_____Social Security #_____

This form shall apply to the following accounts administered by JEM:

☐ 457(b) Retirement Savings Plan ☐ TERRP 401(a) ☐ FICA Alternative *(3121)*

Account Access Authorization

I understand that I am granting account access to the parties listed under "Authorized Parties". The parties listed have my full and complete authorization to act on my behalf for the following reasons:

1. **Account Inquiry** _____**Initials**
   (account balance, transaction history, information only, no changes can be made to account)
2. **Investment Authorization** _____**Initials**
   (Account Inquiry plus change investments and allocations; no distribution or loan requests)
3. **Full Authorization – *REQUIRES NOTARY*** _____**Initials**
   (To act in the full capacity of the Participant, including requests of distributions and loans)

Authorized Parties

Name:_____ Relationship:_____
Social Security #:_____ Address: ☐ Same as Participant Address *OR:*
Address: City: State: Zip:

Name:_____ Relationship:_____
Social Security #:_____ Address: ☐ Same as Participant Address *OR:*
Address: City: State: Zip:

(To designate additional authorizations, attach a separate sheet providing the information requested above.)

Signature of Participant

By my signature below, I represent that I am the owner of the account listed above and authorize the persons listed above account access as indicated.

_____ _____
SIGNATURE OF PARTICIPANT DATE

NOTARY PUBLIC – REQUIRED FOR FULL AUTHORIZATION ONLY

The person identified under the Participant section of this form is known to me or has produced proper identification as to being the referenced person and after first duly sworn, affirms that he/she executed the above affidavit understanding and affirming under oath the contents thereof.

SIGNATURE OF NOTARY	NOTARY SEAL	DATE

Information is only shared with parties indicated. JEM does not share private information without expressed written consent of the account holder. This authorization remains valid until revoked by account owner in writing. JEM is not responsible for disclosure of private information after it has been released to authorized parties. The authorization consented by this form does not affect the status or treatment of this account by JEM.

jem RESOURCE PARTNERS

JEM Resource Partners, 900 S. Capital of Texas Highway, Suite 350, Austin, TX 78746
Toll Free (800) 943-9179 Fax (888) 989-9247