



PENSCO TRUST COMPANY

Please return by:

Fax: 415-956-3016

Regular Mail:

P.O. Box 26903
San Francisco, CA
94126-6903

Overnight Delivery Only:

450 Sansome Street, Fl. 14
San Francisco, CA
94111-3306

IRA Public Investment Authorization

www.penscotrust.com
800-969-4472

- ✓ Use this form to invest in publicly-traded assets such as CDs or Mutual funds, or to open a Brokerage Account.
- ✓ Must attach *Payment and Funding Instructions* form (see www.penscotrust.com, "Forms") and any other paperwork necessary for your investment.
- ✓ This form and most investment paperwork may be faxed to: 415-956-3016

1. Accountholder Information

Account #: _____

Accountholder's First Name _____

M.I. Last _____

Social Security #: _____

Primary Phone #: _____ Ext.: _____

Fax #: _____

2. Investment Information

I hereby authorize PENSCO Trust Company and PENSCO, Inc to execute the following investment orders.

Buy Sell Register	Stock Symbol CUSIP #	At Market or Specific Price	Name of Investment	Units/ Shares:	Dollar Amount:	Check if Pending Transfer of Funds:
A) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____	\$ _____ . _____	<input type="checkbox"/>
B) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____	\$ _____ . _____	<input type="checkbox"/>
C) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____	\$ _____ . _____	<input type="checkbox"/>
D) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____	\$ _____ . _____	<input type="checkbox"/>
E) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____	\$ _____ . _____	<input type="checkbox"/>
F) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____	\$ _____ . _____	<input type="checkbox"/>
G) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____	\$ _____ . _____	<input type="checkbox"/>
H) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____	\$ _____ . _____	<input type="checkbox"/>
I) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____	\$ _____ . _____	<input type="checkbox"/>
J) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____	\$ _____ . _____	<input type="checkbox"/>
K) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____	\$ _____ . _____	<input type="checkbox"/>

Other Instructions: _____

3. Investment Acknowledgements

I understand that I am responsible (and PENSCO Trust Company and PENSCO, Inc. are not responsible) for selecting and reviewing the above investment(s) and for determining the suitability, nature, value, risk, safety and merits of any investment(s) that I authorize PENSCO Trust to make for my Account.

I understand that PENSCO Trust Company and PENSCO Inc. neither endorse nor recommend the above investment, and I therefore release and hold PENSCO Trust Company and PENSCO Inc. harmless from all claims arising out of making such investments.

I agree that any dispute regarding this investment shall be submitted to binding arbitration at JAMS in Boston, MA or San Francisco, CA at PENSCO Trust's discretion, and the prevailing party shall be entitled to recover all legal fees, reasonable costs and expenses. These shall be in addition to any award of damage or any other relief to which the prevailing party is entitled.

I represent that the above investment is not a prohibited transaction, as defined in the Internal Revenue Code and IRS and Department of Labor regulations.

I agree to follow any guidelines applicable to this investment as may be required by PENSCO Trust.

AUTHORIZED BY:

- Accountholder
- Account's Designated Representative

Printed Name of Authorizing Party _____



Signature (Required) _____

Date _____