

Authorized Signature Card for the Relationship

Client Name: _____
If an employee benefit plan, include complete plan name

- Required Number of Signatures: All of the Authorized Signers, signing jointly
 A Majority of the Authorized Signers, signing jointly
 Any one of the Authorized Signers, signing alone

More than one Authorized Signer is recommended to avoid processing delays.

| Print Name(s) | Signature(s) | |
|---------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | <input type="checkbox"/> Administration & Trust Investment <input type="checkbox"/> Only Administration <input type="checkbox"/> Only Trust Investment |
| | | <input type="checkbox"/> Administration & Trust Investment <input type="checkbox"/> Only Administration <input type="checkbox"/> Only Trust Investment |
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| | | <input type="checkbox"/> Administration & Trust Investment <input type="checkbox"/> Only Administration <input type="checkbox"/> Only Trust Investment |

If FSTC is not the only Trustee of this relationship, then all other Trustees must sign below.

| | | |
|----------|-------------------|----------------------------------|
| X | Trustee Signature | Print Name of Firm/Trust Company |
| X | Trustee Signature | Print Name of Firm/Trust Company |