INVESTMENT AUTHORIZATION

INVESTOR INFORMATION

Full Legal Name _____

Social Security Number _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

INVESTMENT OPTIONS

Select either the fixed or adjustable rate. If this is a rollover from an existing account, check the 'All' box to move the full account balance or fill in an amount only for a partial rollover.

Investment		Amount
☐ AG Loan Fund 5-Year Fixed Rate IRA ($500 minimum)	☐ All	$ _____
☐ AG Loan Fund 5-Year Adjustable Rate IRA ($100 minimum)	☐ All	$ _____
☐ AG Loan Fund Transfer from Adjustable to Fixed Rate IRA	☐ All	$ _____

INVESTMENT INFORMATION

This investment is to be ☐ New ☐ Additional

Type ☐ Traditional IRA ☐ Roth IRA

Certificate Number (if additional) _____

This contribution is for tax year _____

AGFS IRA and AGCU INFORMATION

Make Check Payable to: AGCU

I understand and agree that in directing you to complete this transaction, the Trustee, AGFS IRA, and the Custodian, AGCU, assume or incur no liability as to the authenticity of the asset purchased, the appropriateness or worthiness of the investment, or otherwise. The Trustee's and Custodian's only responsibility is to determine if what is purchased agrees with the direction of this investment authorization and my agent's confirmation (if any). I have made my own investigation of the risks involved in making this investment and I understand those risks. I do hereby indemnify and hold forever harmless AGFS IRA and AGCU, its officers, employees, directors, successors, and assigns of and from any claim which may arise or result from purchase of the investment authorized hereby.

RELEASE OF IRA INFORMATION

I Hereby Acknowledge that:

I. **Authorization**: AGFS IRA ("Trustee") and AGCU ("Custodian") are hereby authorized to release balance information to representatives of **AG Loan Fund** ("Dealer"). I understand that this allows the representatives or successors of the Dealer who sold me the investment in my IRA to know the status of my investment. Upon signing of this release, the trustee may release my investment information to the Dealer's representative on his request.

II. **Release of Liability**: I hereby release and agree to hold harmless AGFS IRA and AGCU from all liability arising out of the release of all IRA information.

X _____ X _____

Signature Date

AG Loan Fund is an affiliated entity of AG Financial Solutions
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