



GOLDSTAR

TRUST COMPANY

P.O. Box 719
Canyon, TX 79015
(800) 486-6888
(806) 655-2490 (fax)

GAMMA INVESTMENT AUTHORIZATION FORM

Account Holder: _____ GAMMA Account #: _____

Address: _____ Social Security #: _____

_____ Daytime Phone #: _____

E-Mail Address: _____

CHURCH BOND INVESTMENT DIRECTION

Buy or Sell	Amount	Rate	CI/SI	Maturity Date	Church Name
	\$	%			
	\$	%			
	\$	%			

NON-CHURCH BOND INVESTMENT DIRECTION

Buy or Sell	Amount	#Units/Shares	Asset/Security Description
	\$		
	\$		
	\$		

GoldStar Paying Agent

Other _____ Make check payable to: _____

Special Instructions _____

TERMS AND CONDITIONS

This form is to be used for authorizing and directing the purchase and/or sale of any asset for, or on behalf, of the account and does not constitute a recommendation on the part of GoldStar Trust Company. I understand and agree that in directing you to complete this transaction, that the Custodian, GoldStar Trust Company, assumes or incurs no liability as to the authenticity of the asset purchased, the appropriateness or worthiness of the investment, or otherwise. The 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 GoldStar Trust Company, its officers, employees, directors, successors and assigns, of and from any claim, which may arise or result from the purchase of the investment authorized hereby.

ACCOUNT HOLDER'S ACKNOWLEDGEMENT AND SIGNATURE

TO AVOID DELAYS IN THE PROCESSING OF YOUR REQUEST, PLEASE INSURE THAT THERE IS SUFFICIENT CASH IN THE ACCOUNT TO COVER THE REQUESTED INVESTMENT AND ANY FEES DUE.

Subject to the Terms and Conditions above, I (We), by affixing my (our) signature(s) below, direct GoldStar Trust Company to make the investment(s) as set forth above in this Investment Authorization form:

Account Holder Signature _____ Date _____

Secondary Account Holder Signature _____ Date _____