



INTERESTED PARTY AUTHORIZATION

701 S Taylor LB 110
Amarillo, TX 79101
(800) 486-6888
Fax (806) 655-2490
forms@goldstartrust.com

PART 1. GOLDSTAR ACCOUNT INFORMATION

Name(s) _____ GoldStar Account No. _____

PART 2. INTERESTED PARTY DESIGNATION

Please complete the information below to authorize any individual to receive information about your account. Please note that this individual will have unlimited access to your account information, but they will not be able to make changes to your account.

I, the undersigned Account Holder, hereby give the individual herein view only access of my account with GoldStar Trust Company ("GoldStar") by way of email, fax, phone and online access.

Interested Party Information

Name _____ Firm Name (if applicable) _____

Email Address (required for online access) _____

I understand that I have the option to designate or remove an Interested Party on my account at any time. The Interested Party may be any person or firm I choose and will have access to:

1. Receive requested copies of correspondence related to my account with GoldStar Trust Company, including, but not limited to, my account statement
2. View my account online
3. Discuss my account with GoldStar Trust Company
4. Have unlimited access to information regarding my account with GoldStar Trust Company

I understand that it is my responsibility to provide written instructions to GoldStar, by submitting a letter of instruction, to revoke my prior Interested Party designation. I understand that my Interested Party designation will cease upon my death. I, and not GoldStar, shall be liable for the acts and omissions of my designated interested party. I agree to be bound by the actions of my designated interested party.

PART 3. CUSTOMER(S) SIGNATURE

X _____
Authorized Signature (Account Holder, Custodian, or Trustee) _____ Date (mm/dd/yyyy) _____

X _____
Secondary Authorized Signature (Joint Account Holder, if any) _____ Date (mm/dd/yyyy) _____