



If you have previously been setup for direct deposit, there is no need to resubmit this form unless your bank information has changed.

PART 1. GOLDSTAR ACCOUNT INFORMATION

Name(s) _____ SSN(s) _____

PART 2. PAYMENT ELECTION

I (We) elect to have distribution(s) direct deposited into my checking account. I (We) understand that due to the ACH reporting limitations of most banks, a detailed summary of each payment sent to my bank may not be reported to me by my bank, and that I (We) will obtain this information through the GoldStar Trust Company ("GoldStar") website.

I (We) understand a One-time Distribution or Recurring Distribution form in addition to this form is required to receive the cash distribution from the account.

PART 3. BANK INFORMATION AND AUTHORIZATION

Bank Name _____ Bank Phone _____

Bank Address _____

City/State/Zip _____

Name(s) on Bank Account _____

Routing/ABA No. *(must be 9 digits in length)* _____

Bank Account No. _____ Check here for Savings Account

NOTE: A VOIDED check or completion of this form must be received in order to establish Direct Deposit. A deposit slip is not sufficient to initiate this request. Direct Deposit information will be added to all accounts associated with the SSN provided above. Please allow 1-2 business days to complete the establishment of this request.

I (We) hereby authorize GoldStar Trust Company to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account at the bank named above. I (We) authorize the bank to accept any such credits or debits to my account without responsibility for their correctness. I further agree that GoldStar Trust Company will not incur any loss, liability, cost, or expense for acting upon this request. I understand that this authorization may be terminated by me (us) at any time by written notification to GoldStar Trust Company and to the bank. The termination request will be effective as soon as GoldStar Trust Company has had a reasonable amount of time to act upon it.

If you are required to obtain a notary, do not sign below until you are in the presence of a notary public.

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)*

NOTARY PUBLIC - ONLY IF APPLICABLE

If the name on your bank account is not identical to the name on your GoldStar account(s), you must have your form notarized. If your name is listed on a joint bank account, a Notary is not necessary. If a Notary Public is necessary and you do not provide one, GoldStar cannot establish this option on your account.

Place Notary Seal Here

Sworn to and subscribed before me on: _____, 20 _____

Notary Public: _____

My Commission Expires: _____