





**3. Signature — YOU MUST SIGN BELOW**

I certify that the information provided herein is true and complete in all respects. I understand that all changes made on this form supersede all my previous designations. I authorize the Program Manager (*as defined in the Disclosure Statement*) and Ascensus Investment Advisors, LLC., upon telephone or online request, to pay amounts representing redemptions made by me or to secure payment of amounts invested by me by initiating credit or debit entries to my Account at the bank named in **Section 2c**. I authorize the bank to accept any such credits or debits to my Account without responsibility for their correctness. I acknowledge that the origination of ACH transactions to my Account must comply with U.S. and Indiana law. I further agree that the Plan Officials (as defined in the Disclosure Statement) will not incur any loss, liability, cost, or expense for acting upon my telephone or online request. I understand that this authorization may be terminated by me at any time by notifying the Program Manager and the bank by telephone or in writing, and that the termination request will be effective as soon as Ascensus Investment Advisors, LLC., has had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified by me in **Section 2c**.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

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