



**5. EMPLOYER/PLAN ADMINISTRATOR SIGNATURE**

**Only complete this section if you have a Premiere Select Retirement Plan account.**

I acknowledge that the financial advisory fee referenced above is a reasonable and valid plan expense.

**X** \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Signature Date Print Name

**6. INVESTMENT ADVISOR SIGNATURE**

By signing below, I hereby represent that the receipt of financial advisory fee(s) in connection with the IRA or the Premiere Select Retirement Plan account specified in Section 2 is authorized under and in conformity with the Internal Revenue Code, the Employee Retirement Income Security Act of 1974, and all other applicable laws, rules and regulations.

**X** \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Signature Date Print Name

**X** \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Principal Signature Date Print Name