

# ELECTRONIC DELIVERY CONSENT FORM

LiveWell® Mutual Fund IRA Series



**Sammons Retirement Solutions®**  
P.O. Box 758547, Topeka, KS 66675-8547  
**Overnight:** Mail Zone 547, 5801 SW 6th Ave.  
Topeka, KS 66636-1001

**Phone:** 1-866-747-3421 | **Fax:** 1-866-511-7038

## 1. Electronic Information And Document Delivery Consent (Read Carefully)

By signing below I consent to receive by electronic delivery the following documents from Sammons Retirement Solutions during the duration of my account including: prospectuses and prospectus supplements, periodic and immediate confirmations, quarterly statements, annual and semi-annual fund company reports, proxy and other voting materials, correspondence, other documents, and any future disclosure materials.

I confirm that I have access to a computer and a Web browser compatible to at least Microsoft Internet Explorer version 6.0, to view these documents. I understand that I will need Adobe Acrobat Reader software to access any .PDF documents and that a free download of this software is available at <http://get.adobe.com/reader>. I understand that all documents provided in electronic or paper format from Sammons Retirement Solutions will be considered received and binding. Please download and save a copy of all account documents, for your records and/or print and retain a copy by using the print capabilities of your browser or system software.



I understand that I can receive a paper version of any document received electronically without cost or penalty by contacting Sammons Retirement Solutions at 866-747-3421. I understand that Sammons Retirement Solutions will rely on my signature as consent to receive all future prospectuses and prospectus supplements, periodic and immediate confirmations, quarterly statements, annual and semi-annual fund company reports, proxy and other voting materials, correspondence, other documents, and any future disclosure materials through electronic delivery. I understand that Sammons Retirement Solutions reserves the right, at its sole discretion, to discontinue electronic provision of documents and that notice of any such termination or change will be provided to me as required by law. Consent for Electronic Delivery as provided on this form applies only to this account.

I can change my mind and revoke this consent at any time without cost or penalty by contacting Sammons Retirement Solutions at 866-747-3421. This consent will terminate a) when I notify Sammons Retirement Solutions that I wish to revoke my consent; b) when a change of ownership is processed; or c) when the account terminates. This consent agreement acknowledges that I have provided an accurate and complete email address and other information related to this account and that I will provide any future changes to the information promptly, by accessing our secure website, for the purpose of receiving information of electronic document delivery via the Internet.

There may be costs and fees associated with accessing this information electronically such as Internet service fees.

This consent applies to this account only. If you have multiple accounts, Electronic Delivery must be elected for each.

I understand that I will receive an email that will require my agreement and confirmation to begin receiving documents electronically, and that I will receive a notification email each time a new document is available for viewing on our secure website.

Account Holder's Signature	Date Signed
	

**Note: An email address must be provided in the Account Information Section on page 2.**



## 2. Account Information

Account Number

Email Address

Account Holder's Name (Name or Non-Natural Entity)

SSN/TIN/EIN

Address

City

State

Zip

Phone Number

I confirm that I have supplied a valid email address. **(A validation email will be sent to the supplied email address which will require the owner to visit the website in order to confirm and elect the Electronic Delivery option.)**

## 3. Signatures

The Account Holder must sign to activate Electronic Delivery.

Account Holder's Signature

Date Signed



### If your request is not in good order, how would you like us to notify you?

Call me at \_\_\_\_ - \_\_\_\_ - \_\_\_\_     Mail a letter to my address of record     Contact my Registered Representative