

Automatic initial contribution authorization



Mail to: P.O. Box 9261, Des Moines, IA 50306-9261
Overnight: 8300 Mills Civic Pkwy, West Des Moines, IA 50266-3833
Phone: 1-866-747-3421 | Email: SecuritiesNB@sfgmembers.com

This authorization gives Sammons Institutional Group®, Inc. ("the Company") and your Financial Institution the authority to withdraw your initial contribution directly from your account at the Financial Institution. Use this form for initial contributions only.

1. Mutual Fund account information

Account holder's name (first, middle initial, last)	Account number (if known)
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2. Financial institution account information

Account Owner's name (first, middle initial, last)			
Account Owner's mailing address			
City	State	ZIP	Account Owner's phone number
Joint Account Owner's name (first, middle initial, last)			
Financial institution name			
Routing number			Account number

Debit frequency: One time

Account type*: Checking account (\$50 minimum per draft)

Savings account

*If not marked, the Company will default to checking.

Contribution amount to be deducted: \$ _____

3. Acknowledgments and required signature

As a convenience to me, as account holder, I hereby authorize the Company to initiate an electronic debit (and if necessary electronically credit my account to correct erroneous debits) entry in order to obtain payment of the contribution amount authorized above.

I understand this one-time authorization will remain in effect until the authorized transaction is completed or until I notify the Company or the financial institution, in writing, to terminate this authorization, and the Company or the financial institution has a reasonable time to act on the termination.

I hereby confirm that I am the owner of the financial institution account referenced above, and I am authorized to withdraw funds from the account.

I certify that the information provided herein is to the best of my knowledge true and accurate. I also acknowledge that this form must be fully completed and failure to complete any portion of this form may delay the processing of the request.

ACH payment is not available for Inherited IRA applications. Postdating of this electronic debit transaction is prohibited.

Account Owner's Signature	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Joint Account Owner's signature	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

UMB Bank n.a. is the custodian for the LiveWell® Mutual Fund IRA Series. The mutual funds offered through the LiveWell® Mutual Fund IRA Series are made available through Sammons Financial Network®, LLC., member FINRA, 8300 Mills Civic Parkway, West Des Moines, IA 50266. Information about the LiveWell® Mutual Fund IRA Series and its funds can be obtained by calling 866-747-3421.

Securities distributed by Sammons Financial Network®, LLC., member FINRA. Sammons Institutional Group®, Inc. provides administrative services. Sammons Retirement Solutions® is a division of Sammons Institutional Group®, Inc. Sammons Financial Network®, LLC., member FINRA, Sammons Institutional Group®, Inc., and Sammons Retirement Solutions® are not affiliated with UMB Bank n.a.



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NOT FDIC/NCUA INSURED. MAY LOSE VALUE INCLUDING LOSS OF PRINCIPAL, NO BANK/CU GUARANTEE, NOT A DEPOSIT, NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY.