



GOLDSTAR IRA ACCOUNT OWNER

Name: _____ Account Number: _____
Address: _____ Social Security #: _____

Daytime Phone: _____
E-mail: _____

BANK INFORMATION

GoldStar Trust Company is hereby requested and authorized to withdrawal (debit) monthly my checking account at the:

Bank Name: _____ Bank Phone: _____

In the amount of

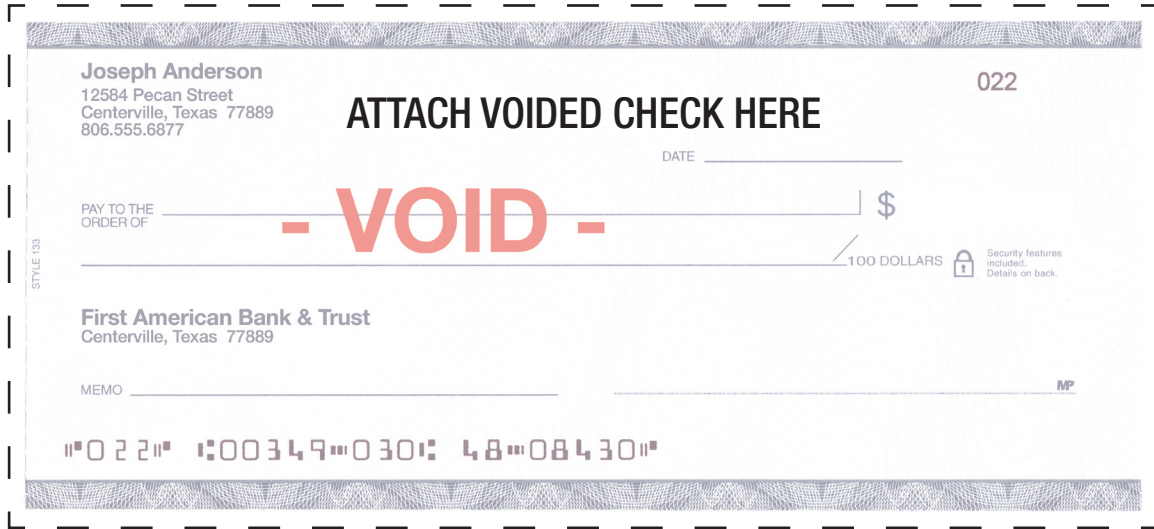
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Please mark the date you would like your bank account drafted.
Choose only one.

1st 17th 20th 26th

All accounts will be debited monthly on or after the chosen date.

A voided check MUST be attached below. Otherwise, we cannot set up the service.



AUTHORIZATION AND ACKNOWLEDGMENT

PARTICIPANT'S ACKNOWLEDGEMENT AND SIGNATURE

I hereby authorize GoldStar Trust Company to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account at the bank named above. Such debit entries shall be made on or after the chosen draft date (1st, 17th, 20th or 26th). I authorize the bank to accept any such debits or credits 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 at any time by written notification to GoldStar Trust Company and to the bank. The termination request will be effective upon thirty (30) days written notice.

(Print name exactly as it appears on bank records)

X _____
Participant's Signature Date