

Password Authorization Form

FROM: _____

TO: SCHAEFER FINANCIAL MANAGEMENT, INC. (SFM)

DATE: _____

RE: MY ACCOUNT _____

I have provided SFM with the password for the above noted account for the purpose of monitoring/allocating the assets within my account as part of the overall management of my portfolio. Your electronic access to my account:

1. Has been provided exclusively to permit SFM to monitor/allocate the assets within my retirement or investment account;
2. Will not provide SFM with custody of plan assets;
3. Will at all times be in accordance with the Investment Advisory Agreement that governs our relationship;
4. Is, per the advice of the plan sponsor, limited to view and allocate the assets within my retirement account;
5. Does not enable SFM to make distributions or to take any other actions, such as make distributions to third parties or obtain a loan without my execution of a separate document to be submitted to the Plan sponsor and/or Third Party Administrator; and
6. Requires that a change of address or beneficiary initiated on the web site is subsequently confirmed in writing by the Plan sponsor and/or Third Party Administrator in a letter sent to my last provided address.

SFM may rely on the above until such time as I advise SFM to the contrary, in writing.

Client

Date: _____