

**Authorization to Redirect Prospectus Delivery to Financial Advisor
Corporate Registered Investment Advisers**

Instructions

Please complete and sign this form to authorize SagePoint Financial, Inc. ("SagePoint") to redirect the mailing of prospectus documents for transactions in exchange traded funds ("ETFs"), exchange traded notes ("ETNs"), unit investment trusts ("UITs"), and/or mutual funds to your financial advisor. This form is for investment advisory accounts where your authorized agent/investment adviser representative ("IAR") exercises investment discretion for your account pursuant to a written investment advisory agreement.

Once completed, your financial advisor must submit to SagePoint by fax to 855-635-1204. For each account registration you may have, a separate form to redirect prospectus mailings will be required. At no additional charge, you may request from SagePoint a paper copy for any prospectus for your account.

1. Account Information

Authorized Agents/Investment Advisor Representative

Account Registration (as it appears on your account statements)

Account Number(s)

2. Authorization

The terms "I", "me", "my" and "we", as used throughout this form refer to you as the SagePoint account holder(s).

I (we) no longer wish to receive a prospectus for each ETF, ETN, UIT, and mutual fund purchase for the account(s) listed above. By signing below, I (we) hereby instruct SagePoint to redirect delivery of prospectus documents on my (our) to my (our) financial advisor's branch office.

3. Terms and Conditions

In connection with the authorization and instructions I (we) am (are) granting herein, I (we) understand and agree to the following terms and conditions:

My (our) IAR acts as the investment advisor representative for the above-listed account(s), and exercises investment discretion pursuant to a written investment advisory contract for each of the account(s) listed above; I (we) will notify SagePoint in writing of any material changes to the authorizations and instructions I (we) am (are) granting herein. I (we) understand that any changes, including rescinding authorizations relating to prospectus mailings will be effective as soon as SagePoint receives written notice from me (us).

I (we) understand that my (our) account continues to be subject to the terms and conditions as set forth in the relevant application(s) and agreement(s) for the account(s) listed above, as they are today and as they may later be amended. I (we) understand that I (we) retain the right to rescind this authorization at any time. Any such rescission shall be in writing and shall be effective upon receipt by SagePoint. I (we) will not pay a different fee based on my (our) decision to execute this document.

Account Holder/Trustee/Corporate Officer: Please print and sign.

Account Holder/Corporate Officer Signature

Date of Signature

Joint Account Holder Signature (if applicable)

Date of Signature

Account Holder/Corporate Officer Name (Please Print)

Joint Account Holder Name (Please Print)