

## IRA AUTHORIZATION FOR PURCHASE

## **COGBF FINANCIAL SOLUTIONS, INC.**

2409 Old Middleburg Rd. N, Jacksonville, FL 32210 - 904-574-9853

Please complete and sign this application and return it, with your check made payable to Goldstar Trust Co. fbo (client's name), to the above address shown above.

ACCOUNT INFORMATION			
FULL LEGAL NAME:			
ADDRESS:			
CITY, STATE, ZIP CODE:			
SOCIAL SECURITY NUMBER:		EMAIL:	
HOME PHONE:		BUSINESS PHONE:	
INVESTMENT OPTIONS:			
IRA TYPE:	Traditional - \$:	Roth - \$:	<b>ESA</b> - \$:
Amount of Transfer/Rollover to Purchase: \$:			
Contribution Amount: \$C		Contribution Year:	
Account Number:			
I understand and agree that in directing you to complete this transaction, the Custodian, GoldStar Trust Company, assumes or incurs no liability as to the authenticity of the asset purchased, the appropriateness or worthiness of the investment, or otherwise. The Custodian's only responsibility is to determine if what is purchased agrees with the direction of this investment authorization and my agent's confirmation (if any). I have made my own investigation of the risks involved in making this investment and I understand those risks. I do hereby indemnify and hold forever harmless GoldStar Trust Company, its officers, employees, directors, successors, and assignees of and from any claim which may arise or result from purchase of the investment authorized hereby.			
<ul> <li>RELEASE OF IRA ACCOUNT INFORMATION:</li> <li>Authorization: GoldStar Trust Company (Custodian) is hereby authorized to release account balance information to representative of COGBF Financial Solutions, Inc. I understand that this allows the representatives or successors of COGBF Financial Solutions, Inc. who sold me the investment in my IRA or SEP to know the status of my account. Upon signing of this release, the custodian may release my account information to COGBF's representative on his request.</li> </ul>			
2. <u>Release of Liability:</u> I hereby release and agree to hold harmless GoldStar Trust Company from all liability arising out of the release of all IRA or SEP account information.			
SIGNATURE: DATE:			

FORM: FSIAP6617