

INSTRUCTIONS

Use this form to authorize Quest Trust Company (QTC) to endorse a check on behalf of your QTC account.

ACCOUNT HOLDER INFORMATION

Name:	Account Number:
Street Address:	City, State, Zip Code:

CHECK INFORMATION

Check Number:	Check Amount:
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ADDITIONAL INSTRUCTIONS

Endorse Check as Follows:

Mail Check To:	Street Address:
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Delivery: ☐ Pick Up Check (Houston Office) ☐ Mail USPS (Free) ☐ Overnight Mail (\$35)

AUTHORIZATION

I understand that in executing this Endorsement Form, QTC, as the Custodian of my account, is only acting as my agent, and nothing shall be construed as conferring fiduciary status. I agree to indemnify and hold harmless the Custodian from any and all claims, damages, liability, actions, costs, expenses (including reasonable attorneys' fees) and any loss to me or my account as a result of any action taken in connection with this transaction, including, without limitation, claims, damages, liability, actions and losses asserted by me.

I understand that all communication regarding this Endorsement Form must be in writing and must be signed by me or by my authorized agent on my behalf, and that no oral modification of my instructions will be valid.

I understand that no person at the office of the Custodian has the authority to modify any of the foregoing provisions. I certify that I have examined this Endorsement Form and any enclosed documents or information, and to the best of my knowledge and belief, it is all true, correct and complete.

I authorize QTC to endorse the aforementioned check.

Prepared By:

- ☐ Account Holder
☐ Limited Power of Attorney

Signature

Date