

## Fee Liquidation Instructions

Please select one:

1.  Quarterly Fee Liquidation: You are authorized to liquidate and **make payment to CENTURION COUNSEL, INC.** a current quarterly investment management fee in the amount of \$\_\_\_\_\_. *(Please sign below)*

2.  Annual Fee Liquidation: You are authorized to liquidate and **make payment to CENTURION COUNSEL, INC.** a current annual investment management fee in the amount of \$\_\_\_\_\_. *(Please sign below)*

Make check payable to: CENTURION COUNSEL, INC., REF: *Client Name*

### CLIENT'S AUTHORIZATION FOR DIRECT LIQUIDATION OF ADVISORY FEES

*DO NOT WITHHOLD TAXES OR ISSUE A 1099. This liquidation is an asset management fee and not subject to withholding or premature distribution. The taxpayer identification on this account is correct.*

I. Your Account Registration:

Account Title:

Tax Identification Number:

Mutual Fund or Variable Annuity Group:

Aggressive Fund and Account Number :

or

Defensive Fund and Account Number:

Account: Personal \_\_\_\_\_ Pension Plan \_\_\_\_\_ 403(b) \_\_\_\_\_ 401(k) \_\_\_\_\_ IRA \_\_\_\_\_ Other \_\_\_\_\_

II. Signature(s) and Certification:

I understand that the amount of the investment management fee will be calculated by CENTURION COUNSEL, INC. who will instruct the Fund or Variable Annuity in writing to liquidate the appropriate number of shares from my designated account(s). I hereby authorize the "Fund" or "Variable Annuity" and its transfer agent to pay investment management fees to CENTURION COUNSEL, INC. 1282 Pacific Oaks Place, Escondido, CA 92029. I agree that the Fund or Variable Annuity and its transfer agent, their respective officers and employees shall not be responsible for verifying the frequency, accuracy or reasonableness of any amounts or calculations set forth in such instructions. I hereby agree to indemnify and hold harmless the Fund or Variable Annuity and its transfer agent against any loss, expense, or cost arising out of submission of this Authorization or their acting upon such instructions. This Authorization will remain in full force and effect until the Fund shall have received written notice of its revocation.

Please sign below exactly as your name(s) appears as registered owner of the account. Include legal title if signing for a corporation, trust, custodial account or other fiduciary role.

\_\_\_\_\_  
Signature: Owner, Trustee, etc.

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature: Owner, Trustee, etc.

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Signature Guarantee by commercial bank, trust company or member firm of a national securities exchange: