

Terminate Distribution, Payment or Direct Withdrawals

1 Account Information

Your Name:	Account Number:
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2 Terminate the recurring

<input type="checkbox"/> Distribution Recurring Distribution Amount to Cancel: \$ _____	
<input type="checkbox"/> Payment Authorization Amount to Cancel: \$ _____ Who was this payment being made to? _____ CUSIP (Asset Description): _____	
<input type="checkbox"/> Direct Withdrawal	Recurring Contribution Amount to Cancel: \$ _____
Termination Date: _____	

3 Signature and Acknowledgement

By my signature below, I confirm that I have read and consent to the terms of this document and I further acknowledge that I have read and consent to the terms of the New Account Application, Custodial Agreement (Form 5305, 5305-A, 5305-RA, 5305-SA, 5305-SEP, 5305-C or 5305-EA, as applicable, "collectively referred to as "5305" or 401K Plan Agreement ("Sponsored Plan") as applicable, Fee Schedule, Account Disclosure Statement and any other documents that govern my Custodial Account or Sponsored Plan, as such documents are currently written, or as they may be amended from time to time, (the "Documents"), which are incorporated by reference herein. (In the event of a conflict between the Documents and the 5305 and/or Sponsored Plan applicable to my Custodial Account, the 5305 or Sponsored Plan shall govern).

I hereby agree to the terms and conditions set forth in this form and acknowledge having established a Self-Directed Account through execution of the Account Application. I understand the rules and conditions applicable to contribute to my account. I assume complete responsibility for 1) determining that I am eligible to contribute to my Account; 2) ensuring that all contributions I make are within the limits set forth by the relevant sections of the Internal Revenue Code; and 3) the tax consequences of any contribution (including a rollover contribution) and distributions. I have been advised to see a tax advisor due to the important tax consequences of contributing to a self-direct account.

Print Name: _____

Your Signature: _____ **Date:** _____

Corporate Headquarters: New Vision Trust Company, 5015 S. Bur Oak Pl, Suite B, Sioux Falls, SD 57108