We, ENTER FIN ORG NAME, acknowledge that due to our recent implementation with Superior IRA & HSA®, an amendment must be provided to our existing account owners regarding the new agreements governing their IRAs, HSAs, and/or Coverdell ESAs housed within our organization.

We confirm that this amendment was completed by our financial organization on ENTER DATE AMENDMENTS WERE MAILED, and the effective date indicated on the cover letter of this mailing was ENTER EFFECTIVE DATE INDICATED ON COVER LETTER.

**We,** ENTER FIN ORG NAME**,** hereby agree to hold harmless and indemnify Superior IRA & HSAfrom any and all claims, liabilities, damages, and expenses (including legal fees) that may arise from our decision to complete the amendment mailing in-house, and we authorize Superior IRA & HSA to rely on the dates outlined above to process any beneficiary claims for our organization, if applicable per our contractual agreement.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_