



INTERESTED THIRD PARTY DESIGNATION

Real Choice. Real Control. Real Trust.

1. GENERAL INFORMATION

Participants Name: Acct No.:

2. INTERESTED PARTY INFORMATION

Please complete the information below to authorize your spouse, financial advisor, accountant, attorney, or other third party to receive information concerning your account. Please note that this individual will have unlimited access to your account information, but they will not be able to make changes to your account or initiate transactions. This form must be completed in full and will only be accepted with original signatures.

Name:

Address:

Phone: Fax Number:

Email Address:

Relationship to Client:

3. PARTICIPANT SIGNATURE

I hereby authorize Administrator and Custodian to provide the individual named herein access to information contained in my account. I understand that this authorization is for informational purposes only and that the named individual may not conduct transactions on my behalf. I understand that I may revoke this authorization by providing written notice to Administrator at any time. Participant hereby agrees to release, indemnify and hold Administrator and Custodian harmless against all claims, actions, costs and liabilities, including attorneys' fees, arising out their reliance upon the instant Beneficiary Designation. This indemnity and hold harmless provision shall survive any Termination of this Beneficiary Designation.

Participant's Signature: _____ Date: _____

