

**ORIGINAL FORM REQUIRED**

**1. Participant Details**

Participant Name

Account No.

(Note: We hold your account information confidential and do not share it without your written permission. This ONLY allows information to be provided to the named person. If you require someone to act on your behalf, you must provide an executed Power of Attorney form.)

**2. Interested Party Details**

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.

Interested Party Name

Street

City

State

ZIP

Email

Relationship

DOB

Phone

Fax

This interested party:

- Replacing existing interested party
- In addition to existing interested party
- Is the first interested party on this account

**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 interest party authorization. This indemnity and hold harmless provision shall survive any Termination of this Interested Party Authorization.

\_\_\_\_\_  
**Participant's Signature**

\_\_\_\_\_  
**Date**