



You must complete this authorization form to allow your Representative to gain access to your account information.

This form does not authorize your Representative to execute any transactions on your behalf, nor does it authorize them to give us verbal confirmations regarding investments, distributions and expense payments on your behalf.

To remove and/or replace a Representative on your account, please complete Section 3 of this form.

To change your "Primary Contact" designation, complete Section 4 of this form.

1. PERSONAL INFORMATION (*required field)

Should IRA Services need to contact you in regards to this request, your preferred method of contact is:

Email

Primary Phone

First Name*	Middle Name	Last Name*
Account Number (Required if existing IRA Services customer)	Social Security Number* (last 4 digits)	Date of Birth* (MM/DD/YYYY)
Phone* XXX-XXX-XXXX	Email	

2. ADD A REPRESENTATIVE TO MY ACCOUNT (*required field)

Representative First Name*		Representative Last Name*	
Representative Phone* XXX-XXX-XXXX		Representative Email*	
Firm/Company Name	Firm Phone XXX-XXX-XXXX	Firm Fax XXX-XXX-XXXX	
Address*			
City*	State/Province*	Zip/Postal Code*	Country*

Designate this Representative as a "Primary Contact"?

YES

Select this option if this Representative is to be contacted first should any questions or concerns arise regarding your account. NOTE: Should we require a verbal confirmation of your investment, distribution and expense payment requests, we will contact you, not your designated Primary Contact.

NO

Select this option if this Representative is NOT to be contacted first should any questions or concerns arise regarding your account (default if neither option is selected).

Authorization & Acknowledgment

By signing Section 5 below, I hereby authorize IRA Services Trust Company as Custodian, and their affiliates, to allow the aforementioned Representative to:

- Access my account information, including copies of my account statements, tax filings and online account information.
- Contact IRA Services Trust Company to discuss my account holdings and activity.
- Receive email notifications from IRA Services Trust Company regarding my account.

I hereby acknowledge that the aforementioned Representative does not have the authorization to execute any transactions on my behalf without a Power of Attorney.

3. REMOVE A REPRESENTATIVE (Complete this section only if you wish to remove a representative from your account)

Name of Current Representative

I wish to remove the above-named Representative from my account.

I wish to replace the above-named Representative
Complete section 2 of this form with your new Representative's information. If you do not wish to replace the above-named Representative, do not check this box.

4. CHANGE "PRIMARY CONTACT" DESIGNATION

Name of Current Representative

Select one of the following options:

Remove the "Primary Contact" status of the above-named Representative. This Representative is NOT to be contacted first should any questions or concerns arise regarding my account; please contact me instead.

I would like to designate the above-named Representative as a "Primary Contact". I would like you to contact him/her first should any questions or concerns arise regarding my account. (You do not need to select this option if you have completed Section 2 above.)

NOTE: Should we require a verbal confirmation of your investment, distribution and expense payment requests, we will contact you, not your designated Primary Contact.

5. PARTICIPANT SIGNATURE

Participant Signature

X

Date (MM/DD/YYYY)

Original signature required; electronic signatures and/or signature fonts are not authorized.

IMPORTANT INFORMATION

Did you print and sign the form, and attach any necessary documents?

Questions? Please contact IRA Services Customer Service at (800) 248-8447, Monday through Friday, from 7 am to 5 pm Pacific Time.

Fax (650) 745-2902
Email newaccounts@IRAServices.com
Web www.IRAServices.com

Deliver to:

Regular mail
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