

## THIRD PARTY AUTHORIZATION

Account Number:

Use this form to grant an Authorized Third Party (ATP) access to your account or to remove an Authorized Third Party.

### 1 ACCOUNT HOLDER INFORMATION

Legal Name: \_\_\_\_\_

Soc. Sec. Number: \_\_\_\_\_

### 2 ADD AN AUTHORIZED THIRD PARTY (ATP)

(Individual or Firm)

I wish to **ADD** this Authorized Third Party to my account:

Name of ATP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

FAX Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### 3 AUTHORIZATION

I hereby authorize IRA Plus Southwest, LLC to:

- Allow my ATP named above to have online access to view my account.
- Provide information to my ATP regarding my account, either orally or in writing.

### 4 REMOVE AN AUTHORIZED THIRD PARTY (ATP)

(Individual or Firm)

I wish to **REMOVE** this Authorized Third Party from my account:

Name of ATP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

FAX Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### 5 ACCOUNT HOLDER SIGNATURE

I hereby acknowledge and agree that IRA Plus Southwest, LLC will honor and execute the authority listed in Section 3 of this form that I have given my ATP and that neither IRA Plus Southwest, LLC nor the Custodian shall be liable to any acts or omissions of my ATP. If I have chosen to remove an ATP from my account, I acknowledge and agree that IRA Plus Southwest, LLC will wholly revoke and terminate the authority previously given to that third party.

Printed Name: **X** \_\_\_\_\_

Signature: **X** \_\_\_\_\_ Date: **X** \_\_\_\_\_