

(LIBERTY TRUST COMPANY ACCOUNT NUMBER)

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

FOR PROCESSING, RETURN TO: IPS ♦ 8226 Douglas Avenue ♦ Suite 520 ♦ Dallas, Texas 75225-5927 ♦ 800-473-1977 ♦ 855-739-1987 FAX

1 ACCOUNT OWNER 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 Liberty Trust Company, Ltd. 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 OWNER SIGNATURE

I hereby acknowledge and agree that Liberty Trust Company, Ltd. 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 Liberty Trust Company, Ltd. 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 Liberty Trust Company, Ltd. will wholly revoke and terminate the authority previously given to that third party.

Printed Name: **X** _____

Signature: **X** _____ Date: **X** _____