



The name of the company that performs record keeping and administration of your plan on named in the account application.

General Information

Account holder _____

Account number _____

Interested Party Designation

Please complete the information below to authorize your spouse, financial advisor (broker, financial planner, accountant, attorney, or other person etc.) to receive information about 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. This form must be completed in full and will only be accepted with original signatures.

Name of interested party _____

Interested party street address _____

City _____ State _____ Zip _____

Telephone number: () _____

FAX number: () _____

Email address: _____

This Designation will remain in effect until the Administrator has received written notice of revocation from the Account Holder. Account Holder agrees to indemnify and hold harmless Administrator, its affiliates, officers, employees and/or Custodian, against all claims, actions, costs and liabilities, including attorneys' fees, arising out of their reliance on this Designation. This indemnity and hold harmless provision shall survive any Termination of this Designation.

Signature

PLEASE MAIL THIS FORM TO YOUR ENTRUST OFFICE.

Account Holder Signature _____ Date _____