



# THIRD PARTY LIMITED ACCESS FORM

Use this form to authorize Specialized IRA Services to disclose information about your account to a third-party. This form may also be used to update a third-party authorization that is already in effect.

**Note:**

1. You must submit a separate form for each third-party you are authorizing.
  2. This form does not allow the third-party to make any changes or direct any investments on your behalf.
- This is an informational release form only.

## ACCOUNT OWNER INFORMATION

Account Holder: \_\_\_\_\_  
 Account Number: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

## REMOVE CURRENT AUTHORIZATION

- Remove all existing Authorized Individuals
- Remove the following Authorized Individual only.
  - Authorized Individual: \_\_\_\_\_

## ADD A NEW AUTHORIZED THIRD PARTY *(authorized individuals cannot be minors)*

The following individual will be granted limited access to your account:

Name (First/MI/Last): \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email (if granting online access): \_\_\_\_\_

By my execution below, I do hereby authorize Specialized IRA Services, including all agents or employees, to disclose information related to my account to the above named individual or company. This authorization will remain in effect until such time as I should notify Specialized IRA Services in writing to remove such account access. By my signature below, I do indemnify and hold harmless Specialized IRA Services and any and all agents or employees with respect to this direction or the misrepresentation of any third party to receive information regarding my account.

## ACCOUNT OWNER SIGNATURE

By signing below, you:

- Acknowledge that you have received a copy of this authorization form, and you state that you have read it, you understand it, and you accept all of its terms and conditions.
- Authorize Specialized IRA Services to act on all instructions given on this form.
- Designate the third-party identified on this form as an authorized party, granting that individual the ability to obtain information related to my account.
- Certify that all information provided on this form is accurate to the best of your knowledge.

Account Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Account Owner's Signature: \_\_\_\_\_