

## Interested Party Authorization / Update

Please complete the information below if authorizing an Interested Party (IP), including, but not limited to, broker, financial planner, accountant or attorney to discuss your Account via phone, email or fax. **Please note that this individual will have limited access to your Account information. An Interested Party does not have authority to make investment decisions, direction of investments or changes to your Account.** As the Custodian, Directed Trust Company will not act on any instructions from this Individual. Those who are designated as an IP by the Account Owner may not be a sponsor of, or otherwise affiliated with an investment in the Account. It is the responsibility of the Account to review the Account assets to ensure compliance with this provision and to take steps to remove an IP from the Account in the event of non-compliance. This form authorizes Directed IRA to provide account information and electronic statements to the individual referenced below. If the IP is associated with a broker-dealer, financial exchange or regulated investment advisory firm, Directed IRA may make information about Account Activity available to the broker-dealer, exchange or compliance office for the advisory firm as they deem necessary to receive such information.

### 1. Account Owner Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Last 4 of SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Directed IRA Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_

### 2. Elections

- I would like to **designate a new** Interested Party to my account. Existing IP(s) listed will remain authorized on Account.
- I wish to **remove** any existing Interested Party authorized on my account and **replace** with the new IP listed below.
- I wish to **remove** the IP information listed below. No new IP will be authorized at this time.
- Other: \_\_\_\_\_

### 3. Interested Party Information


Name (First, MI, Last): \_\_\_\_\_ Firm Name (If applicable): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Gender:  Female  Male Relationship: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Account Authorization: (Check all that apply)

- Receive Account Notifications via email and view my account information online  Receive Paper Statement \*see fee schedule

### 4. Account Owner Authorization

I understand that I may revise the Interested Party information at any time by giving written notice to Directed IRA. I understand that the Interested Party designated above does not have authority to make investment decisions, direction of investments, nor can they make any changes to my account. Directed IRA will only share information of Account as elected by Account Owner in Section 3 above. I agree to release, indemnify, defend and hold Directed IRA harmless. *Please note electronic signatures on this form must include the electronic signature Certification page or Certification Stamp. If one is not included, we will not accept this form.*

 \_\_\_\_\_ Date \_\_\_\_\_  
Account Owner Signature

**INVESTMENTS: NOT FDIC INSURED ■ NO GUARANTEE ■ MAY LOSE VALUE**

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www.directedira.com/secureupload      [Clients@directedira.com](mailto:Clients@directedira.com)      3033 N. Central Ave. Ste. 415      **Fax:** (602) 899-9641  
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Directed IRA is a tradename of Directed Trust Company, an Arizona Corporation