



## THIRD PARTY LIMITED ACCESS FORM

Use this form to authorize Specialized Trust Company 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.

*By completing this form you are allowing the appointed authorized individual and/or company representative's viewable access to all of your personal account and investment(s) information.*

*This authorization does not allow the individual and /or company representative's to execute any transactions on your behalf.*

*Furthermore, it does not allow them to complete verbal verification in regards to your investments, distributions, bill pays, and/or allow them to elect additional services options or products.*

### PART 1: ACCOUNT OWNER INFORMATION

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

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

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

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

### PART 2: REMOVE CURRENT AUTHORIZATION

- ☐ Remove all existing Authorized Individuals
- ☐ Remove the following Authorized Individual only.

- Authorized Individual: \_\_\_\_\_

### PART 3: 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: \_\_\_\_\_ E-mail (if granting online access): \_\_\_\_\_

### PART 4: ACCOUNT OWNER SIGNATURE

By my execution below, I do hereby authorize Specialized Trust Company, 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 Trust Company in writing to remove such account access. By my signature below, I do indemnify and hold harmless Specialized Trust Company 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. My IRA account is self-directed and I alone am responsible for the selection, due diligence, management, review and retention of all investments in my account. I agree that Specialized Trust Company is not a "fiduciary" for my account, as the term is defined by in the Internal Revenue Code, ERISA or any other applicable federal, state or local laws. I hereby direct STC, in a passive capacity, to enact this transaction for my account, in accordance with my agreement. I have read and received all pertinent information relating to the investment named herein.

Account Holder Signature: \_\_\_\_\_

Date: \_\_\_\_\_