



SPECIALIZED TRUST COMPANY

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:

- ✗ You must submit a separate form for each third-party you are authorizing.
- ✗ 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.

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W Z d í W ACCOUNT OWNER INFORMATION

Account Holder: _____
 Account Number: _____

Daytime Phone Number: _____
 Email Address: _____

W Z d REMOVE CURRENT AUTHORIZATIONS

- ➔ Remove all existing Authorized Individuals
- ➔ Remove the following Authorized Individual only
 - Authorized Individual: _____

W Z d ï W 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): _____

W Z d ACCOUNT OWNER SIGNATURE

I am the owner of the account and I hereby authorize Specialized Trust Company to disclose information about my account to the third party named herein. This form may also be used to update a third party authorization that is already in effect.

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: _____