



THIRD PARTY ACCOUNT ACCESS

Complete this form to allow another party access to your account(s).

ACCOUNT OWNER INFORMATION

FULL NAME	IRA CLUB ACCOUNT NUMBER
LAST 4 OF SSN	PHONE NUMBER

New Account

Third Party Access Revision for Account# _____

THIRD PARTY ACCESS INFORMATION

NAME OF DESIGNATED PARTY	FIRM NAME (IF APPLICABLE)
PHONE NUMBER	EMAIL

AGREEMENT

- A. I currently hold (or am now in the process of opening) a Self Directed IRA, 401(k), or HSA account with the IRA Club located at 67 E. Madison St. Suite 1510 Chicago, IL 60603.
- B. From time to time, the above named third party may seek information regarding the above captioned account.
- C. The above named third party may **not** direct transfer or investment transactions on behalf of the account owner.
- D. As the owner of the account, I grant items B and C to the above named third party.

Indefinitely

Until this date: _____

- E. The undersigned agrees to now and forever hold harmless and release IRA Club and its employees for any and all errors in the execution of this agreement. I further understand and agree that IRA Club and its employees cannot be responsible for all actions that may be taken by a third party.
- F. I understand disputes may arise from this agreement. These disputes will be settled in Cook County, Illinois and that the laws and regulations of Cook County, Illinois shall apply.
- G. Separation: I understand the IRA Club is an independent company and is not related to the third party.

By my signature below, I declare under penalty of perjury that I have read and understand this form and the information provided herein.

SIGNATURE	DATE SIGNED
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