

Please send this ORIGINAL document to

MidAtlantic IRA, LLC
118 West Church Street
Frederick, Maryland 21701

301/575.3880 *office*
www.MidAtlanticIRA.com

ACCOUNT HOLDER

Name _____

Account Number (s): _____

This Interested Party Designation authorizes your spouse, financial advisor or other person identified below to receive information about your account. Please note that this individual will have unlimited access to your account information, but they will not be able to make changes to your account. Please read carefully before signing.

This form must be completed in full and will only be accepted with an original account holder signature.

This Designation will remain in effect until the Administrator has received written notice of revocation from the Account Holder. Account Holder agrees to indemnify and hold harmless Administrator and/or Custodian, against all claims, actions, costs and liabilities, including attorney's fees, arising out of their reliance on this Designation. This indemnity and hold harmless provision shall survive any Termination of this Designation.

NAME OF INTERESTED PARTY

Name of Interested Party _____

Company Name (if applicable) _____

Relationship to Account Holder _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____

ACCOUNT HOLDER SIGNATURE _____

DATE ____ / ____ / ____

FOR OFFICE USE ONLY *Signature Verified*

by _____ on ____ / ____ / ____