

# Interested Party Designation



**Please send this ORIGINAL document to**

MidAtlantic IRA, LLC  
125 South Carroll Street, Suite 250  
Frederick, Maryland 21701

301/360.9510 *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 \_\_\_\_/\_\_\_\_/\_\_\_\_