

1 Account Information

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|--|----------------|----------------------|
| NAME (as it appears on your account application) | ACCOUNT NUMBER | ACCOUNT TYPE |
| EMAIL ADDRESS | | DAYTIME PHONE NUMBER |

2 Interested Party Designation

Please complete the information below to authorize your spouse, financial advisor (*broker, financial planner, accountant, attorney, or other person, etc.*) 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. This form must be completed in full.

Choose one of the following:

| | | |
|--|--|---|
| <input type="checkbox"/> CHANGE existing Interested Party Designation to the following: | <input type="checkbox"/> ADD the following Interested Party | <input type="checkbox"/> REVOKE Interested Party Designation |
| NAME OF INTERESTED PARTY | DATE OF BIRTH | TELEPHONE NUMBER |
| COMPANY NAME (if applicable) | EMAIL ADDRESS | FAX NUMBER |
| INTERESTED PARTY STREET ADDRESS | CITY, STATE, ZIP | |

3 Account Owner Signature

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

| | |
|------------|-------|
| SIGNATURE: | DATE: |
|------------|-------|

**Submission Options**

| SUBMIT BY FAX | SUBMIT BY EMAIL | SUBMIT BY MAIL |
|----------------|-------------------------------|--|
| (510) 587-0960 | transfers@theentrustgroup.com | The Entrust Group 555 12th Street, Suite 900 Oakland, CA 94607 |