

# AUTHORIZED PARTY INFORMATION

## Asset Custody Services



### General Instructions

Use these instructions to complete the Authorized Party Information form.

**Purpose of this form.** This form can be used to provide and /or update supplemental information to an account. *Note: Additional authorized trading and interested parties must sign in Section 5.*

You must **complete all required fields** to expedite processing and to avoid requests for additional information. All fields are required as outlined in detail in these instructions.

**Print or type all entries.** To type entries, a fillable PDF of this form can be found online at [ira.trustamerica.com](http://ira.trustamerica.com).

### SECTION 1: Additional Information Type

Select all that apply:

- Authorized Trading Party
- Interested Party
- Cancel Authorized Trading Party
- Cancel Interested Party

### SECTION 2: Account Information

First Name	MI	Last Name
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Social Security Number	Account Type
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### SECTION 3: Authorized Trading Party

I authorize this party to **enter purchase and sell transactions** for my account. Trading transactions are limited to mutual funds and other publicly traded securities only. I understand that this party will automatically receive a copy of my statement. This party may obtain information regarding my account via telephone, fax and written correspondence.

Authorized Trading Trustee or Trading Party Name
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Residential Street Address
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City	State	Zip
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Social Security Number	Date of Birth
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Name of Broker-Dealer Firm (if applicable)
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Firm's Address
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City	State	Zip
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Telephone Number
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Trust Company Account Number
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### SECTION 4: Interested Third Party

I authorize this Interested Third Party the following limited access to my account, including obtaining information regarding my account via telephone, fax and written correspondence, but they **may NOT enter purchase and sale orders** to my account.

- Select all that apply:
- Statements
  - Deposit confirmations
  - Tax forms

Interested Party Name
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Mailing Address
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City	State	Zip
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### SECTION 5: Signature

I certify that I am the proper party to authorize the actions requested on this form. I agree that Trust Company of America is under no obligation or duty to investigate or inquire about any instructions or direction from the designated Authorized Party. I understand that it is my responsibility to monitor all transactions in my account. By signing, I hereby agree to indemnify and hold harmless Trust Company of America, their successors and assigns, from and against any losses, claims, liabilities, damages, actions, charges, and expenses including attorney fees, resulting from Trust Company of America compliance with this request. If signing as a newly designated authorized party, I hereby agree to all existing terms, conditions, and agreements that are applicable to this and related accounts. I understand this Authorization remains in effect until revoked, in writing, by me or upon my death.

Account Owner Signature	Date
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Authorized Trading Party Signature	Date
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Interested Party Signature	Date
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- End of Form -

