

## Third Party Authorization Form

Complete this form if you would like to grant another individual the authority to discuss account information on your behalf. This individual will only have informational access to your account.

**VIP Services:** (888) 855-9856 | info@trustprovident.com  
7450 Arroyo Crossing Parkway, Suite 230, Las Vegas, NV 89113

### Section 1

### Account Owner Information

First Name  MI  Last Name

Account Number  Account Type  Traditional IRA  SEP IRA  Roth IRA  SIMPLE IRA  401(k)  HSA  Coverdell ESA  Nonqualified

### Section 2

### Authorized Third Party

Select one option and complete the Authorized Third Party's information. This Third Party Authorization is only applicable to the individual identified in this section who is representing the company named below. Any changes to this information must be authorized by the account owner by completing a new form.

Add  Remove  Replace Name of Authorized Third Party to Replace

First Name  Last Name  Company Name

Address  City  State  Zip

Phone  Fax  Email Address

We do NOT issue any monetary distributions at the direction of Authorized Third Parties. We reserve the right to contact the account owner to confirm the sale or purchase of an asset. We have the right to rely on any representations and/or warranties made by the above-named Authorized Third Party in connection with the sale or purchase of an asset on behalf of your account, including but not limited to, representation with regard to prohibited transactions and asset suitability requirements. This authorization applies to ALL assets in your account including online portal access if the Authorized Third Party establishes it, and transaction notifications regarding funds entering or leaving your account, unless you select the box below.

Do NOT send transaction notifications to the Authorized Third Party via email.

### Section 3

### Account Owner Agreement and Authorization

I hold the custodian harmless for any information provided to the above-named Authorized Third Party, their employees, and/or designees in accordance with this Third Party Authorization. I further attest that I have signed this Third Party Authorization of my own will and have not done so as a condition of account application acceptance with the custodian. I understand that as the account owner, I have the right to revoke the Authorized Third Party's authority at any time, but must do so in writing by providing notice to the custodian.

**X** \_\_\_\_\_  
Account Owner Signature Date (mm/dd/yyyy)

### Congratulations! You are now able to submit your completed request.

Before you submit this form please review all completed information prior to signing. When ready, mail, email, or fax this completed form to:

**Mail to:** Provident Trust Group  
P.O. Box 123  
Fort Washington, PA 19034

**Email to:** newaccounts@trustprovident.com

**Fax to:** (702) 253-7565