

## Interested Party Designation

|            |                              |
|------------|------------------------------|
| <b>1</b>   | <b>Account Information</b>   |
| Your Name: | American IRA Account Number: |

|   |                                     |               |
|---|-------------------------------------|---------------|
| <b>2</b>  | <b>Interested Party Designation</b> |               |
| I hereby authorize the following representative as interested party on my self-directed IRA. I understand this named representative will have access to my account details, balance, holdings and any other account related activity. Interested parties <b>DO NOT</b> have the ability to sign on your behalf or move funds in or out of your self-directed account. I also understand that this will remain in effect until revoked in writing. |                                     |               |
| <b>Name:</b> (Individuals only)   | <b>Phone:</b>                       | <b>Email:</b> |
| <b>Name:</b> (Individuals only)   | <b>Phone:</b>                       | <b>Email:</b> |
| <b>Name:</b> (Individuals only)   | <b>Phone:</b>                       | <b>Email:</b> |

|   |                                    |               |
|---|------------------------------------|---------------|
| <b>3</b>  | <b>Removal of Interested Party</b> |               |
| I hereby remove the following representative as interested party on my self-directed IRA. I understand this named representative will <b>NOT</b> have access to my account details, balance, holdings and any other account related activity. Interested parties <b>DO NOT</b> have the ability to sign on your behalf or move funds in or out of your self-directed account. I also understand that this will remain in effect until revoked in writing. |                                    |               |
| <b>Name:</b> (Individuals only)   | <b>Phone:</b>                      | <b>Email:</b> |
| <b>Name:</b> (Individuals only)   | <b>Phone:</b>                      | <b>Email:</b> |
| <b>Name:</b> (Individuals only)   | <b>Phone:</b>                      | <b>Email:</b> |

|  |                                      |
|--|--------------------------------------|
| <b>4</b>   | <b>Signature and Acknowledgement</b> |
| By my signature below, I confirm that I have read and consent to the terms of this document and I further acknowledge that I have read and consent to the terms of the New Account Application, Custodial Agreement (Form 5305, 5305-A, 5305-RA, 5305-SA, 5305-SEP, 5305-C or 5305-EA, as application, “collectively referred to as “5305” or 401K Plan Agreement (“Sponsored Plan”) as applicable, Fee Schedule, Account Disclosure Statement and any other documents that govern my Custodial Account or Sponsored Plan, as such documents are currently written, or as they may be amended from time to time, (the “Documents”), which are incorporated by reference herein. (In the event of a conflict between the Documents and the 5305 and/or Sponsored Plan applicable to my Custodial Account, the 5305 or Sponsored Plan shall govern). |                                      |
| <b>Account Holder Printed Name:</b> _____  |                                      |
| <b>Account Holder Signature:</b> _____ <b>Date:</b> _____  |                                      |