



IRA Resources, Inc.
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___ Add ___ Remove ___ Replace

INTERESTED PARTY DESIGNATION

Account Holder _____ Account Number _____

I, the undersigned account holder, hereby authorize the individual, his or her assistant and the Firm designated below to receive information regarding my account with IRA Resources, Inc. I understand that this information may include verbal and written communications, including copies of statements, as well as online access to my account. **I understand that IRA Resources, Inc. will not accept any transaction instructions from the individuals or entities listed below and that any transactions I wish to conduct must come from me directly in writing.**

Name of Interested Party

Firm Name

Street Address City State Zip Code

Telephone Number Fax Number

E-mail Address

I, the undersigned account holder, understand that I am solely responsible for designating my third party and this designation will remain in effect until IRA Resources, Inc. has received written notice from me revoking this designation. I agree to indemnify and hold harmless IRA Resources, Inc., its affiliates, officers, employees and/or its Custodian, against all claims, actions, costs and liabilities, including attorneys' fees, arising from their reliance on this Designation. This indemnity and hold harmless provision shall survive any Termination of this Designation.

Signed this _____ day of _____, 20_____

Account Holder's Signature Account Holder's Name

This form must be completed in full. Return completed form to IRA Resources, Inc.