



IRA RESOURCES, INC.

Interested Party Designation (IPD)

1. ACCOUNT OWNER INFORMATION

Form with three rows for account information. Each row includes fields for Full Name, Social Security Number, Account Number, and Account Type (with checkboxes for Traditional, Roth, SEP, SIMPLE, HSA, ESA).

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:

- Change Existing IPD to Name Below
Add New or Additional IPD
Revoke IPD (name):

Form for IPD details with fields for Name of IPD, Company Name, Date of Birth, Street Address, City, State, Zip, Email Address, Daytime Phone Number, Evening Phone Number, and Fax Number.

3. ACCOUNT OWNER SIGNATURE AND ACKNOWLEDGEMENT

Your signature is required. Please ensure that you read and acknowledge the following disclosure before you sign and date this form.

I understand this Designation will remain in effect until IRAR Trust Company has received a written notice of revocation from me. I authorize IRAR Trust Company to release and make information available regarding my account to the person listed above, including but not limited to: statements, or other written, verbal, or electronic communications. I understand that IRAR Trust Company will not accept transaction instructions or account changes from this individual.

I acknowledge that my account is self-directed, and I am solely responsible for the selection, and management of all investments held within my account. IRAR Trust Company will not and has not provided me any investment advice or investment recommendations. Any Interested Party Designated is in no way affiliated with IRAR Trust Company. I understand that even if a third party or firm suggested or recommended that I establish and account with IRAR Trust Company, such third party is not in any way an agent, employee, representative or affiliate of IRAR Trust Company.

I agree to indemnify and hold harmless IRAR Trust Company, against all claims, actions, costs, and liabilities, including attorneys' fees, arising out of their reliance on this Designation. This indemnity and hold harmless provision shall survive any Termination of this Designation.

Signature and Date fields with labels ACCOUNT OWNER SIGNATURE and DATE.