

Interested Party Designation Form

1. YOUR INFORMATION

Your Name:	New Direction Account Number:
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2. INTERESTED PARTY INFORMATION

Please complete the information below to authorize your spouse, financial advisor (broker, financial planner, accountant, attorney, or other person, etc.) or other individual of your choosing 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 and will only be accepted with original signatures. An individual's name is required; an entity or company's name without a specific, designated individual cannot be accepted.

Name of Interested Party:			
Interested Party Address:	City:	State:	Zip:
Phone Number:	Fax Number:	Email Address:	

This designation will remain in effect until the administrator has received written notice of revocation from the account holder. Account holder agrees to indemnify and hold harmless the Administrator and/or Custodian, 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.

3. SIGNATURE

PLEASE SEND IN THIS FORM TO NEW DIRECTION IRA, INC.

Account Holder Signature: _____ Date: _____