

Third Party Authorization

(877) 806-7362 | team@altscustodian.com



Accountholder Information

Account Holder Name

Account Number Assigned by Alts Custodian

Last four digits of SSN (####)

Date Of Birth (Optional) (MM/DD/YYYY)

Authorization

Fill out the details below to grant authorization for your spouse or financial advisor (broker, financial planner, accountant, attorney, or another designated person, etc.) to access information about your account. Please be aware that while this individual will have unrestricted access to your account details, they won't be able to make any changes (read only access).

Pre-Existing Individual Authorization

- Keep all previously listed Authorized Individuals Remove all previously listed Authorized Individuals
- Remove only the following Authorized Individuals:

Authorized Individual Information (Authorized Individual cannot be a minor)

Full Name

Email:

Phone:

Address

City

State

Zip Code

Account Owner Signature

This Designation will stay valid until the Administrator receives written notice of revocation from the Account Owner. The Account Owner agrees to indemnify and release the Administrator and/or Custodian from any claims, actions, costs, and liabilities, including attorneys' fees, resulting from their reliance on this Designation. This indemnification provision will continue even after the termination of this Designation.

Signature:

Date: