

Third Party Authorization Form

Complete this form if you would like to grant another individual the authority to discuss account information on your behalf. This individual will only have informational access to your account.

VIP Services: (888) 855-9856 | info@trustprovident.com
8880 W. Sunset Rd., Suite 250, Las Vegas, NV 89148

Section 1

Account Owner Information

First Name MI Last Name

Account Number Account Type Traditional IRA SEP IRA Roth IRA SIMPLE IRA 401(k) HSA Coverdell ESA Nonqualified

Section 2

Authorized Third Party

Select one option and complete the Authorized Third Party's information. This Third Party Authorization is only applicable to the individual identified in this section who is representing the company named below. Any changes to this information must be authorized by the account owner by completing a new form.

Add Remove Replace Name of Authorized Third Party to Replace

First Name Last Name Company Name

Address City State Zip

Phone Fax Email Address

We do NOT issue any monetary distributions at the direction of Authorized Third Parties. We reserve the right to contact the account owner to confirm the sale or purchase of an asset. We have the right to rely on any representations and/or warranties made by the above-named Authorized Third Party in connection with the sale or purchase of an asset on behalf of your account, including but not limited to, representation with regard to prohibited transactions and asset suitability requirements. This authorization applies to ALL assets in your account including online portal access if the Authorized Third Party establishes it, and transaction notifications regarding funds entering or leaving your account, unless you select the box below.

Do NOT send transaction notifications to the Authorized Third Party via email.

Section 3

Account Owner Agreement and Authorization

I hold the custodian harmless for any information provided to the above-named Authorized Third Party, their employees, and/or designees in accordance with this Third Party Authorization. I further attest that I have signed this Third Party Authorization of my own will and have not done so as a condition of account application acceptance with the custodian. I understand that as the account owner, I have the right to revoke the Authorized Third Party's authority at any time, but must do so in writing by providing notice to the custodian.

Account Owner Signature _____ Account Owner Name (Please type or print) _____ Date _____



Congratulations! You are now able to submit your completed request.

Before you submit this form please review all completed information prior to signing. When ready, mail, email, or fax this completed form to:

Mail to: Provident Trust Group
8880 W. Sunset Rd., Suite 250
Las Vegas, NV 89148

Email to: newaccounts@trustprovident.com

Fax to: (702) 253-7565