CLEAR FORM

AGENT AUTHORIZATION FORM

Use this form if you've chosen to appoint an Authorized Agent to your iPlanGroup Account.
Please Note: *You must complete a separate Agent Authorization Form for each person you are granting authority.*

iPlanGroup
RETIREMENT DRIVEN BY YOU

IMPORTANT: THIS FORM DOES NOT GRANT POWER OF ATTORNEY PRIVELEDGES AND SHOULD NOT BE CONSTRUED AS A POWER OF ATTORNEY DOCUMENT.

1. ACCOUNT OWNER INFORMATION

Account Owner Name	*iPlanGroup Account Number*

2. AUTHORIZED AGENT INFORMATION

☐ **ADD A NEW AUTHORIZED AGENT** *(complete all fields below)*

☐ **MODIFY INFO ON AN EXISTING AUTHORIZED AGENT** *(complete First/Last Name + any fields to be modified)*

☐ **REMOVE AN EXISTING AUTHORIZED AGENT** *(complete First/Last Name below)*

Attention Authorized Agent:
Create a 4 digit PIN to be used for identity verification when communicating with iPlanGroup regarding this account:

Agent PIN

First Name	*Last Name*	*Business Name (if applicable)*
Relationship to Account Owner	*Date of Birth*	*Social Security Number or Tax ID Number*
Phone Number	*Email Address*	*Fax Number*

3. AUTHORIZED AGENT SIGNATURE *(Required if adding or modifying an Authorized Agent)*

By signing this form, I, the Authorized Agent agree to the following: To accept the appointment of Authorized Agent for this said account(s), to indemnify and hold harmless both the Administrator and Custodian from any loss to the account, claims, damages, liability, actions, taxes/penalties, expenses (including attorney's fees) and all unforeseen consequences related to the release of personal account information, cash balances, asset descriptions, and transaction history, including but not limited to an error made when communicating said information.

X

Authorized Agent Signature | *Print Name* | *Date*

4. ACCOUNT OWNER AUTHORIZATION AND SIGNATURE

ACOUNT AUTHORITY
By granting this authority to the designated agent, you will be allowing this individual to inquire into your account as well as access to account specific data that was obtained by iPlanGroup to establish an account with our company from the time of inception regardless of when the authority was given. Agent Authorization DOES NOT grant the individual authority to remove funds or assets from your account.

DURATION OF AGENTS AUTHORIZATION
Once granted to an Authorized Agent, account authority will remain in effect until we receive written notice signed by you or applicable beneficiary of this account requesting otherwise, account termination, withdrawing account authority, resignation from the Authorized Agent, or the death or incapacity of the last surviving account owner or the Authorized Agent. iPlanGroup has the right at anytime and for any reason, to remove the Authorized Agent.

By signing this Agent Authorization Form, I: Take complete responsibility of the designation of the Authorized Agent that I have appointed to my account(s). Furthermore, this individual is neither an employee nor an affiliated agent of iPlanGroup. I hereby confirm that I am directing IRA Plan Partners, LLC DBA iPlanGroup (administrator) to release any account specific information that the authorized agent may request as outlined within this agreement. I hereby acknowledge that neither Administrator nor Custodian recommended nor endorsed said authorized agent. I fully understand it is solely my responsibility to obtain any professional services to ensure the legitimacy and stability of my selected Authorized Agent. I agree to indemnify and hold harmless both the Administrator and Custodian from any loss to my account, claims, damages, liability, actions, taxes/penalties, expenses (including attorney's fees) and all unforeseen consequences related to the release of personal account information, cash balances, asset descriptions, and transaction history, including but not limited to an error made when communicating said information. I accept full responsibility for determining whether any investment or strategy is appropriate for my account, based on my investment objectives and financial resources. I accept full responsibility for understanding the risks associated with granting account authority and assume sole liability for the financial, tax and other consequences of all actions and instructions of the authorized agent.

ACOUNT OWNER OR RESPONSIBLE INDIVIDUAL AUTHORIZATION AND SIGNATURE

X

Signature | *Print Name* | *Date*