

# Age of Majority Form

Please complete this form if you have recently reached the age of majority in the state in which you reside. Once this occurs, Quest Trust Company (QTC) can only accept instructions from you, not the responsible individual previously designated on your account.

You may add an authorized person by completing the Interested Party Designation below. If you are interested in granting the individual more authority, please contact our office for additional instructions.

**This form must be accompanied by a valid government issued photo ID of the account holder.**

## ACCOUNT HOLDER PERSONAL INFORMATION

Name:		Account Number:	
Legal Address:		City, State, Zip Code:	
Date of Birth:	Phone Number:	E-mail Address:	

## INTERESTED PARTY DESIGNATION

By signing below, I hereby authorize the Interested Party designated below to receive unlimited information about my account. The Interested Party will not be able to make any changes to the account. I understand that QTC will not accept transaction instructions or account management changes from this individual. I agree that this Interested Party Designation will remain in effect until I submit a new form removing the designated party. I agree to indemnify and hold harmless QTC, its affiliates, officers, and employees against all claims, actions, cost and liabilities, including attorneys fees arising out of their reliance on this Interested Party Designation. This indemnity and hold harmless provision shall survive any termination of the Interested Party Designation.

Name of Interested Party:		Company Name (if applicable):	
Legal Address:		City, State, Zip Code:	
Phone Number:		E-mail Address:	

## SIGNATURE

I authorize the above changes to my contact information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_