

# Interested Party Designation

## A ACCOUNT HOLDER INFORMATION

Account Holder's Name:	Account Number:
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## B INTERESTED PARTY DESIGNATION (IPD)

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 Quest Trust Company (QTC) will not accept transaction instructions or account management changes from this individual.

**Choose one option below:**  
**Appoint New:** I instruct Quest Trust Company (QTC) to share my account information with the Interested Party designated herein.  
**Remove:** I elect to remove the Interested Party designated on the above referenced account at this time.

Name of Interested Party:	Company Name (if applicable):
Address:	City, State, Zip Code:
Phone Number:	Email Address:

This form applies to all accounts

## C SIGNATURE

I agree that this Interested Party Designation (IPD) will remain in effect until I submit a new form removing the designated party. I agree to indemnify and hold harmless Quest Trust Company, its affiliates, officers, and employees against all claims, actions, costs, 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.

I understand that this Interested Party Designation will only become effective upon receipt of a fully completed form with my signature.

Signature of Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_