



MOUNTAIN WEST IRA

# INTERESTED PARTY DESIGNATION

13905 W. Wainwright Dr.  
Boise, ID 83713  
Phone: (866) 377-3311  
Fax: (208) 376-4567

## 1. ACCOUNT HOLDER INFORMATION

Account Holder's Name: \_\_\_\_\_ Account No.: \_\_\_\_\_  
SSN: \_\_\_\_\_ Email: \_\_\_\_\_ Phone No.: \_\_\_\_\_

## 2. INTERESTED PARTY DESIGNATION

By completing the information below, you authorize the designated Interested Party to receive unlimited information about your account. **The Interested Party Designee (IPD) will not be able to make any changes to the account. Mountain West IRA will not accept or conduct any transaction instructions or account management changes from this individual.**

- ADD / DESIGNATE:** I hereby elect to add/designate the Interested Party designated herein to my account.
- REMOVE:** I hereby elect to remove the previously designated Interested Party from my account at this time.

Name of Interested Party: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Email: \_\_\_\_\_

## 3. INTERESTED PARTY VERIFICATION

**Please choose a password for your Interested Party Designee (IPD). Mountain West IRA will verify IPDs by confirming the password. You are responsible for providing your IPD with this password.**

IPD Password: \_\_\_\_\_

## 4. SIGNATURE

By signing below, you agree that this Designation will remain in effect until Mountain West IRA receives a new Interested Party Designation Form removing the designated party from your account. You agree to indemnify and hold harmless Mountain West IRA, its affiliates, officers, employees, and/or Custodian, against all claims, actions, costs and liabilities, including attorneys' fees, arising out of their reliance on this Designation. This indemnity and hold harmless provision shall survive termination of this designation.

This Interested Party Designation will only become effective upon receipt of a fully completed form with the Account Holder's signature.

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

## 5. SUBMISSION

**PLEASE SUBMIT THIS FORM VIA DROPBOX SIGN, FAX, OR MAIL TO:**

Mountain West IRA  
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Boise, ID 83713  
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