



Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mobile Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Custodian Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Signature X \_\_\_\_\_ Date \_\_\_\_\_

<b><u>FOR FSDC USE ONLY</u></b>	
FSDC Account Number: _____	
Filled out by: _____	IBMS Processor: _____

❖ Please note that FSDC can only discuss account information with IRA holder and/or authorized signer(s) per your IRA custodian. If you elect to authorize additional person(s), please list their name(s) below:

1). \_\_\_\_\_

2). \_\_\_\_\_

I authorize the above mentioned person(s) to speak to FSDC on my behalf.

x \_\_\_\_\_

*(IRA Account Holder Signature)*